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ABSTRACT

An overview of the history, and current stage of development of Home Start at the national and local level is presented. Section I contains six basic areas of information. Home Start Goals and Objectives presents the national and local program goals and objectives as articulated to the Evaluation staff by OCD Headquarters and Regional Staff and the 15 Home Start Programs. A brief summary of each of the 15 programs is presented in Part B. Local demographic information is aggregated nationally for staff and families and presented individually by program in Part C. A summary of the Information System being developed is found in Part D. Part E covers the recruitment of families and community Interviewers for the nine programs involved in the Summative Evaluation and a description of the May and October field procedures. Part F is a detailed description of the history and start up operation of the National Home Start Program. (Author/DJ)

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Home Start Evaluation Study

interim report I

August, 1972

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ED 069439

HOME START EVALUATION STUDY

DRAFT REPORT I

JULY 7, 1972

This Report Was Prepared For:

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INTRODUCTION

Draft Report I meets the first reporting requirement of the High/Scope Educational Research Foundation - Abt Associates, Inc. contract with the HEW Office of Child Development to conduct an Evaluation Study of the OCD National Home Start Program. It is submitted to the National Review Panel for review and comment and will be revised accordingly. The Draft Report consists of three basic sections:

- Section I - Formative Evaluation
- Section II - Summative Evaluation
- Section III - Case Studies

Section I, Formative Evaluation, presents an overview of the history, start up and current stage of development of Home Start at the national and local level. This section contains six basic areas of information. Part A. Home Start Goals and Objectives presents the national and local program goals and objectives as articulated to the Evaluation Staff by OCD Headquarters and Regional Staff and the 15 Home Start Programs. A brief summary of each of the 15 programs is presented in Part B. Local Program Summaries. Local demographic information is aggregated nationally for staff and families and presented individually by program in Part C. National Profile. A summary of the Information System being developed by Abt Associates under separate contract with the Office of Child Development, HEW, is found in Part D. Information System. Part E. Field Operations, covers the recruitment of families and Community Interviewers for the nine programs involved in the Summative Evaluation and a description of the May and October field procedures. Part F. National Case Study, is a detailed description of the history and start-up operations of the National Home Start Program. The data contained in Section I is thus intended to provide an overall picture of the National Home Start Program and the Formative Evaluation Study as they appeared in June of 1972. This part of the Report was primarily the responsibility of Abt Associates staff.

Section II Summative Evaluation is primarily the responsibility of the High/Scope Educational Research Foundation staff. This section focuses on the proposed Test Battery. Part A. Measurement Issues summarizes some aspects of the state-of-the-art in applied psychological measurement. Part B. Criteria for Selection of Tests presents five groups of criteria chosen a priori to assess the suitability of tests. The eight tests comprising the Proposed Fall Test Battery are described and discussed in Part C. Proposed Fall 1972 Test Battery. An overview of the September Training Program and monitoring procedures for the Community Interviewers is found in Part D. Training and Monitoring Testers.

Each of 15 case studies found in Section III presents a complete "picture" of the individual Home Start Programs as they appeared during the start-up phase in late May and early June of 1972. These studies, which are based on information gathered during the field visits, include both objective material on operations and structures, and "impressionistic" descriptions of Home Start families, staff and activities. Abt Associates staff was primarily responsible for Section III.

High/Scope staff include John Love and Sandy Clement-Murphy under the direction of Dennis Deloria, Project Director. Abt Associates staff include Marrit Nauta, Kathy Kearins, Ethelou Yazzie, Bill Walker, Ruth Freedman, Wynn Montgomery, Laura Studen, Lorrie Stuart, Robert Fein, Brigid O'Farrell, Case Study Coordinator, and Sydelle Shapiro, Coordinator of Field Operations, under the direction of Richard Ruopp, Director of Field Operations and Formative Evaluation.

Our thanks to the 15 Program Staffs and the OCD National and Regional Office Staffs for their cooperation and assistance during this first phase of the Home Start Evaluation Study.

SUMMARY

The National Home Start Program is in full, start-up operation. Start-up operation has been formatively evaluated, and summative evaluation is being planned. After less than a year of thought and planning at the national level, six months of planning at the regional and local level, and three months of start-up activities, 15 programs have been funded and their progress, development, and problems have been observed. Only one Home Start Program was fully staffed and serving its 80 families at the time of the first visit, but others are well on their way.

All 15 of the Programs have been visited. National and local history, planning and start-up activities have been recorded. General goals and preliminary objectives have been stated. A tentative test battery has been selected and community interviewers have been hired. The Information System has been field tested.

The National Home Start Program and the Home Start Evaluation Study together form a unique example of a research, demonstration and service delivery program for young children and their families. The National Program and the Evaluation were designed at the same time, were started at the same time and are currently working closely together. The recent history and current status of each is the subject of this report.

Programs

The 15 Home Starts are unique individual Programs, each doing different things at various stages of development. The Programs are as different as are the various areas and people they are serving: urban, rural, Indian, Appalachian, Migrant, Black, Anglo, northern, midwestern, southern, eastern. Some are old

Programs, and some are new. Some are making home visits, and others have not yet recruited staff. Some Home Starts work closely with Head Start; others have only the slightest contact. Some Programs have many community resources to call on; others have almost none.

Each of these Programs also has elements in common with the other 14. All serve low-income families with children between the ages of three and six. All programs are going into homes to work with mothers and fathers, grandparents, aunts and uncles, older and younger brothers and sisters, from families who have not benefitted from the progress of our country. Families who are hungry and sick, poor, and uneducated. Though they differ considerably, all Home Start programs are trying to serve and strengthen low-income families.

In June, 1972, staff, families and services of the 6 urban and 9 rural programs looked like this:

- Staff: There were 143 people employed; five Programs had recruited all staff, nine had recruited some and one Program had not recruited any. The number of staff working with individual families varied from 1:5 to 1:20.
- Families: There were 630 families with 2,074 children. One Program had recruited all 80 families, nine Programs had recruited some families and four Programs had not recruited any families. Two of the 15 Programs will only serve a total of 60 children each (Massachusetts and North Carolina).
- Services: Eight Programs are providing services to families, three are not operational for the summer, and four do not yet have staff and/or families. All Programs are, or plan, to provide health, nutrition, psychological/social, and educational services. Thirteen programs were considered by OCD National Headquarters to be adjuncts to Head Start.

Goals and Objectives

Local goals and preliminary objectives are compatible with the national goals and objectives. Three national goals have been identified: to foster the total development of young children, to help strengthen in parents their capacity to facilitate the development of their own children, and to nourish and promote family development. Three national objectives are: to demonstrate between 1972 and 1975 methods of delivering comprehensive services, to determine by 1975 the relative costs and benefits of center- and home-based programs and to create 15 Home Start Programs by 1972. The National Office has kept close to the schedule set in August, 1971 and one objective (establishing 15 Programs) is near completion. Local goals and preliminary objectives are still in process of formulation in the 15 Home Starts. As Programs recruit families, they will, in all likelihood, redefine and specify objectives to meet the needs of the families they serve.

Information System

The draft Information System (worksheets, records, reports, and instructions) covering the areas of staff, families, services and costs, was reviewed in all 15 Programs and by the National Office. Two of four semi-annual report forms have been field tested. The system was generally viewed favorably by Programs and their grantees. Major concerns identified in the field were: 1) the forms did not yet adequately reflect staff time spent in administration and planning, 2) records of hours spent with families must be adjusted to show partial hours of specific services provided by Home Visitors, and 3) definitions of in-kind services need to be clarified. The Information System is now being revised to resolve these issues and address those posed by the summative evaluation and the cost/benefit study.

Families and Interviewers

Nine Programs have been selected by the National Office to participate in the Summative evaluation. Selection was based on the need for geographical representation and diversity of Programs. Seven of these Programs are well into their start up operations. Two, however, have not recruited families and one has not yet recruited staff. As of July , 1972, six Programs estimated that at least 30 families would leave of the Program by the summer of 1973.

Two community interviewers and one alternate were recruited and hired in five of the nine programs. One interviewer still has to be recruited in two programs and all three will be recruited in West Virginia and Massachusetts. Recruitment and hiring will be completed by September. Home Start Directors and Head Start/Home Start Policy Councils were involved in the recruitment and interviewing process. Interviewers were recruited through newspapers and community rosters. Group and individual interviews were held, applications filled out, and a sample test given to applicants.

Field Procedures

The first 15 site visits were conducted between May 22 and June 7, 1972. A preliminary draft case study and five interview guides were used by the field staff. Evaluators spent between three and five person days in each program, conducting interviews of Home Start staff, Grantees, community resource people, Head Start staff; reviewing and field testing the draft Information System; and, where possible, visiting homes.

For the national case study, memos, transcripts, and papers from May, 1971 through May, 1972, that concerned Home Start, were collected and studied. Key officials in the Office of Child Development were interviewed in person by Evaluation Staff. A series of telephone interviews gathered additional information from Regional Home Start Representatives.

October field visits will follow the same general pattern. The case study format will be revised to allow Programs to carefully review their first six months of operation and reflect changes in program policy and operation. Community interviewers will be supervised in nine of the sites after receiving one week of training in September in Michigan.

Summative Evaluation

A Test Battery has been tentatively selected for the Summative Evaluation. The Battery includes the following tests:

- Measures of Cognitive Development
    - Cooperative Preschool Inventory (Caldwell)
    - Peabody Picture Vocabulary Test (American Guidance Service)
    - ETS Enumeration Test (SRI)
- Non-Cognitive Measures
    - Schaefer Behavior Inventory (Schaefer)

- Home Environment and Mother-Child Interaction
  - Inventory of Home Stimulation (Syracuse University)
  - 8-Block Sort Task (Hess & Shipman)
- Parent Self-Esteem
  - Self-Esteem Scale (Rosenberg)
- Nutritional and Health Status
  - Child Food Intake Questionnaire

A training Program for the Community Interviewers will be held in Ypsilanti, Michigan the week of September 25, 1972. The training program will be designed in August and September, after the tentative test battery has been finalized. All procedures for supervising, contacting and reviewing the work of community interviewers will be completed by September. A meeting is also planned, tentatively for late September, with Home Start Program Directors to familiarize them with the test battery and assist them with potential problems with test families.

Home Start is off to a firm beginning in what will be a constantly changing, growing, developing three years. The evaluation staff will continue to observe, record and begin to measure this movement.

SECTION I

FORMATIVE EVALUATION

A. HOME START GOALS AND OBJECTIVES

Introduction

In discussing goals and objectives for Home Start, it is important to distinguish between the two. For purposes of clarity the following definitions have been adopted:

- a goal is "a statement of intended output in the broadest terms. It is normally not related to a specific time period. Goals normally are not quantified, and hence they normally cannot be used directly as a basis for output measurement."
- an objective is "a specific result to be achieved within a specified time...if feasible, an objective should be stated in measurable terms. A measurement is always quantitative. If an objective is not stated in quantitative terms it cannot be measured, although it can be judged, evaluated, appraised, or weighed. If a statement in measurable terms is not feasible, the objective should be stated with sufficient clarity so that there is some way of judging whether or not it has been achieved."*

As is usual in a new program, key goals have been clearly articulated but measurable objectives are less well spelled out, both centrally in Washington and in the 15 Home Start Programs.

In visiting the 15 programs, case study staff, where possible, asked programs to articulate measurable objectives. Strictly speaking, most Home Start programs have not yet formulated measurable objectives. Programs which are in start-up phases, hiring staff and recruiting families, do not yet know specifically how they intend to achieve their goals. In this report, objectives which are not yet in measurable form are considered Preliminary Objectives. As Home Start programs assess their families and translate preliminary objectives into activities to serve individual families, program objectives will undoubtedly be redefined, regrouped, and become more specific. Changes and maturations in local objectives will be reflected in future case studies.

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Home Start memos, transcripts of conferences, and interviews with key officials in the Office of Child Development Headquarters and Regional Offices* suggest that Home Start has three national goals and three primary objectives.

National Goals:

- To foster the total development of young children;
- To help strengthen in parents their capacity for facilitating the general development of their children;
- To nourish and promote family development.

Primary Objectives:

- To demonstrate between March, 1972 and June, 1975 methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible;
- To determine by June, 1975 the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible;
- To create approximately 15 home-centered programs to serve 2500 children to begin May 1, 1972.

Local goals are similar to and subsets of the National Goals and are, during this start-up period, in considerable flux. Most programs intend as a major goal to meet the individual needs of Home Start children and families. Currently, each program has a series of preliminary objectives for meeting this goal, some of which are as yet unspecific. As the formative evaluation process continues, and as programs hire and train staff, recruit and assess Home Start families, and begin delivering their component services, they will be increasingly able to specify objectives ("We want to get our 14 children with hearing problems into medical care within four months." "Within the next year we want to double the attention spans of 30 of our Home Start children who seem to have difficulty concentrating." "We aim to provide 45 families within 5 months with better understandings of language development in their children and materials and activities they can use to stimulate their children's language growth.") In summary we envision a process of objective development and expansion by local programs that will follow this sequence of events:

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*A list of memos, transcripts and interviews is included in the Appendix of the National Case Study.

• Statement of preliminary program objectives	Spring, 1972
• Assessment of the needs of each Home Start family - development of individualized objectives for each family	Spring and Summer, 1972
• Involvement of parents in defining overall program objectives	Summer and Fall, 1972
• Reformulation of service objectives in Nutrition, Health, Psychological/Social Services, and Education Components	Fall, 1972
• Review of program goals	Fall, 1972
• Statement of revised program objectives	Fall, 1972

Several Home Start programs are already embarked on a course that roughly follows the above outlines, although the degree of explicitness of the process varies considerably. Some programs keep careful records of the assessment of their families; others concentrate more on "oral" assessments. All Home Start programs may find that such a process aids them in serving their families more effectively. Periodic program meetings, for example, tied to in-service training, may give programs the opportunity to evaluate themselves, redirecting their objectives, changing their service delivery to better meet the needs of their families.

The following sections detail the development of National and Local Goals and Objectives.

1. National Goals

- To foster the total development of young children.

This first goal area deals with the over-arching purposes of the Office of Child Development: "enhancing the lives of our nation's children" (testimony of Dr. Zigler before the House Committee on Appropriations, May 19, 1971). An early memo listed a Home Start goal as "to help children gain socially, emotionally and intellectually."

The theme of helping children develop runs through the early months of Home Start planning and operation. Participants in a September, 1971 meeting noted that Home Start should aim to "optimize child development by working with families specifically in their relationships with children." The Ad Hoc Executive Committee of the National OCD Advisory Council recommended that Home Start should try "to enhance the quality and quantity of parent-child interaction and to foster the development of social and intellectual skills in children." Dr. Zigler spoke recently of Home Start increasing a child's "social competence." "We want," he said, "to help children 'make it,' to be successful in their lives."

- To help strengthen in parents their capacity for facilitating the general development of their children.

The second goal in Home Start, closely related to the first, is stated in the December, 1971 Home Start Guidelines. In Home Start, parents are considered the "primary socialization agents of their children," the "most important determinants of growth and development," the "first and most influential educators."

- To nourish and promote family development.

Related to children and to parents is a third Home Start goal area that speaks of "family development." In his October, 1971 Home Start speech, Dr. Zigler stated, "I think it's time for government, for consumers, for experts to quit noting 'You know what's happened to family life, especially over the last 30 years' and begin doing something about it."

Participants at the October Home Start Planning Conference voiced considerable support for Home Start as a "family development" program. The Ad Hoc Executive Committee of the National OCD Advisory Council asked the program to work "to enhance the quality of family life...to strengthen a family's concept of itself." Discussion suggested that there was little agreement about how to help families "develop." Some people thought that teaching and supporting parents in their parenting functions was the best way to family development; other persons suggested that families and programs should be encouraged to work to change institutions that affect family life. Though "family development" still has a certain vagueness, the support for it expressed in transcripts and interviews suggests that it is a Home Start goal.

2. National Primary Objectives

- To demonstrate between March 1972 and June 1975 methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.

This objective, which appears in the December, 1971 Guidelines, fits neatly into the larger Home Start strategy discussed in October, 1971 by Dr. Zigler: first, experimental home-based programs (1965-72); second, a visible national program (1972-75); and third, many home-based programs. (See National Case Study.) According to Dr. Ann O'Keefe, "we want to encourage people across the country to move in the direction of home-based programs."

"Comprehensive Head Start-type services" are defined by Home Start in terms of Nutrition, Health, Psychological/Social Service and Education components.

- To determine by June 1975 the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

This second primary objective, listed in the December, 1971 Guidelines, arises from the desire of the Office of Child Development to develop alternative approaches to center-based programs for the care and education of young children.

- To create approximately 15 home-based programs to serve 2500 children to begin May 1, 1972.

The third objective, related to the first, was originally stated in the OCD operation Plan of August 27, 1971. By May 1, 1972, 15 program proposals had been approved and 14 Home Start programs had been funded. Though most programs, as of June, 1972, were still far from full operation with all families enrolled, Home Start seemed to be off to a solid beginning.

As noted earlier, goals normally are not related to specific time periods nor quantified, while, ideally, objectives are both related to specific periods and quantified. Of the three National Home Start Primary Objectives , only the third is in readily measurable form. The first objective, demonstration of methods of delivering services, though not easily measurable, will probably be judged in at least several ways: whether the original 15 Home Starts survive, whether the example of Home Start prompts growth of other home-based programs across the country, whether the media judge Home Start a success, whether Congress maintains funding for home-based programs. The second objective, cost-benefit comparisons of home- and center-based programs, planned for Year III in the evaluation design, will build on the operational development of the 15 programs.

Effectively translating the three Home Start goals into measurable objectives so that National Goals can be achieved has and will continue to require considerable thought among Home Start leaders and planners. Three approaches to reaching Home Start goals have been and are considered by National Home Start leadership.

One approach is for Home Start planners to specify measurable national child development objectives. Such objectives might take the form, "by delivering educational services to Home Start children we aim to produce in 70% of the children gain scores of at least 10 points on the 'Jones' measure of social competence." While a national objective like this is theoretically feasible, scholars and researchers in the fields of child psychology and psychometrics have observed that the current state of the art does not make this a particularly promising approach. (See Section II Summative Evaluation.) Home Start has not chosen to take this path.

A second way to move towards achievement of National Goals is to specify the objective that on a series of standard measurements, over time Home Start children will do no worse than a comparable set of Head Start children and a set of children who have received neither Home Start nor Head Start. This approach uses criteria of comparison to other children rather than comparison to a measured norm. It is both an objective-setting and an evaluative strategy. This is the path chosen for the Summative Evaluation.

A third approach toward achievement of a national child development goal is for National Home Start leadership to specify objectives of creating and sustaining local Home Start Programs, with each program formulating local objectives and working toward goals that are compatible with the National Goals. In this approach National Home Start carefully observes how local objectives are formulated, changed over time, and reached (or not). National objectives would consist of a range of local program objectives which could then be measured locally and aggregated nationally.

During the past ten months of talk and action, the National Home Start leadership has chosen to utilize a combination of the second and third approaches. Though efforts have concentrated on goals related to young children, similar thinking has taken place with regard to the parent and family development goals. Accordingly, National Home Start has specified objectives of "demonstrating methods of delivering comprehensive Head Start-type services," and "creating 15 home-centered programs," and has contracted for a Formative Evaluation, which helps local programs to set and measure local objectives, and a Summative Evaluation, which will, over time, compare Home Start children with Head Start children and children receiving neither service.

3. Preliminary Local Goals and Objectives

Local goals and objectives as presented in the case studies are based on interviews with local Director, Staffs, community resources, the original proposal and observations of the field staff. These preliminary goals and objectives vary widely among and within the 15 Home Start Programs. However, certain commalities among program goals and objectives in each component service area do exist.

In the following charts, the general range of preliminary goals and objectives among the 15 Programs are listed. The goals and objectives listed here are not present in every program; the list, rather, covers the range or spread of goals among all of the Programs. For more detailed information on the goals of a particular Program, please refer to the individual case studies and summaries on the 15 Home Start Programs.

RANGE OF LOCAL GOALS AND OBJECTIVES CHART

I. GOALS

For Families

To involve parents (both mothers and fathers) directly in the educational development of their children.

To improve self-image, self-concept and confidence of parents.

To help strengthen in parents their capacity for facilitating the general development of their own children.

To assist the family in becoming a self-sufficient unit by:

- helping them identify their needs -- health, nutritional, educational, social, and psychological;
- making families aware of existing community resources;
- making appropriate referrals;
- making the community more aware of and responsive to the needs of low-income families.

To organize Home Start families so that they can increase their individual and group effectiveness in dealing with their problems.

To stimulate an interest and active role in Home Start and other community activities.

To have parents carry on when Home Visitors leave -- to eventually reduce the necessity of Home Visits as parent skills and abilities increase.

For Children

To stimulate the social, emotional, intellectual, and physical development of Home Start children.

To assess each child's individual needs, providing direct services or referrals where appropriate.

To allow the child to become aware of the world around himself or herself, aware of himself or herself, and of the relationship between himself or herself and the rest of the world in a positive way.

To prepare a child for future school experiences.

RANGE OF GOALS AND OBJECTIVES CHART (cont.)

II. OBJECTIVES

PRELIMINARY PROGRAM OBJECTIVES

To secure funds for Home Start Program.

To recruit qualified staff for Home Start Program.

To recruit eligible and interested families for Home Start Program.

To train Home Start staff to work effectively with Home Start families.

To establish a relationship of trust with Home Start families, to be accepted as friends, to gain the confidence of families.

PRELIMINARY HEALTH OBJECTIVES

To identify health problems of children and their families -- physical, vision, hearing, speech, developmental.

To coordinate existing services available to children and families.

To refer families to appropriate health services.

To familiarize families with family planning and birth control clinics.

To acquaint families with health care needs, good health habits, first aid techniques, and safety procedures in the home.

To improve sanitation conditions of children and families.

To establish and maintain health records on children.

To provide medical and dental checkups and followup services to children and families.

To provide immunizations, chest X-rays to children and families.

RANGE OF GOALS AND OBJECTIVES CHART (cont.)

PRELIMINARY NUTRITION OBJECTIVES

To assess nutritional needs of each family member and provide direct services or referrals where appropriate.

To provide information to parents on:

- nutrition -- good food habits and their relationship to health, to the nutritional needs of children;
- feeding the very young child;
- food buying;
- food preparation;
- food cooperatives;
- food handling and storage;
- consumer newsletters;
- involving children in the learning experiences in cooking, tasting, food preparation.

PRELIMINARY PSYCHOLOGICAL AND SOCIAL SERVICES OBJECTIVES

To identify existing developmental, psychological, and social problems of children and families.

To refer to appropriate agencies.

To make parents aware of existing social and psychological services -- for example, employment services, housing, drug counseling, training, psychotherapy, diagnostic testing, etc.

To help parents to identify their own needs and seek services on their own where possible.

To offer transportation to and from resources and clinics.

To provide a much needed social outlet to families in isolated communities.

RANGE OF GOALS AND OBJECTIVES CHART (cont.)

PRELIMINARY EDUCATIONAL OBJECTIVES

For Families

To provide parents with tools and information necessary to become better educators of their children.

To improve parents' knowledge and understanding of early childhood developmental tasks and responsibilities.

To use the home setting as an educational environment conducive and stimulating to growth and exploration.

To identify materials in the home that can be used for toys and games.

To operate parent workshops and toy lending libraries where parents can make their own educational materials.

To increase the ability of parents and children to use existing resources (time, space, money, energy, physical vigor) to their advantage.

To become aware of the unique educational resources in their communities -- libraries, stores, farms, animals, fields.

To give parents support and praise in their parenting roles.

To provide techniques for handling "misbehaviors".

To help parents encourage independence and responsibility in their children.

To help parents enjoy their children more.

For Children

To develop good self-concepts in children.

To develop curricula best suited to child's environment.

To develop awareness of child's culture.

To increase the attention span of children.

To help children cooperate and share.

To provide children with a wide range of materials found in the home to stimulate growth and development.

To help children develop self-control so they can manage and feel comfortable with their feelings.

To encourage independence of children, help them accept realistic responsibility.

To stimulate curiosity, questioning, exploration.

To provide a knowledge of labels, colors, counting, tying, zipping.

To sharpen perceptual discrimination.

To develop language skills, ability to listen, vocabulary.

To develop manipulative skills; engage child in muscular and motor development.

RANGE OF GOALS AND OBJECTIVES CHART (cont.)

PRELIMINARY EDUCATIONAL OBJECTIVES (cont.)

For Families

To encourage family interactions.

To preserve the culture, language, pride, and human dignity of families.

To provide parents with new experiences.

To provide socialization opportunities for parents.

To increase parents' understanding of child's capabilities and limitations.

For Children

To encourage self expression.

To develop problem-solving skills.

To promote use of and refine the senses -- tasting, seeing, smelling, touching, skills of discrimination and differentiating.

To provide experiences with simple number concepts, measurement concepts, position in time and space concepts.

To encourage children to seek help from their parents.

On the basis of the information contained in the Range of Goals and Objectives, certain summary statements and conclusions can be made about the goals and objectives of the 15 Home Start Programs. Findings which will be discussed individually below include:

- Some program goals and objectives tend to be vague and non-quantifiable in this early stage of program development.
- There appears to be a certain order or sequence in the goal setting process: a program tends to formulate "startup goals" first, then goals relating to family acceptance, then specific program component objectives.
- Program staff emphasized the importance of specifying objectives for individual families and children, in addition to outlining general program goals.
- Different persons or groups within programs often have different goals for Home Start.

Vagueness of Objectives: There are several reasons why some program objectives appeared vague at the time of our case study visits. First, many programs are still in the process of hiring their staff and recruiting families. It is understandably difficult for Program Directors to specify objectives for Program Components when Home Visitors, Education, Nutrition, and Health personnel have not yet been hired. This is currently the situation in Nevada, and to some extent, in Alabama, Tennessee, and Alaska.

A second reason for the apparent vagueness is the desire on the part of Home Start staff to involve parents in the formation of program objectives. Many programs feel that in order to reflect the Home Start goals of parent involvement, parents themselves must help to formulate the specific objectives of the programs. But programs are not yet at the stage where this kind of parent involvement is feasible. Some programs are in the process of recruiting families now, and other programs are just beginning to conduct home visits. It is reasonable to expect that by the time of the second site visits in October, programs will be more established, relationships with parents strengthened, and initial objective-setting in conjunction with parents will have taken place.

Sequence in the Objectives-Setting Process: It appears that there is a natural sequence in the objectives-setting process. The first goals and objectives to be articulated by programs generally deal with the start-up activities necessary to get programs "off the ground" -- securing funds, hiring staff, recruiting families, finding space. (See "Preliminary Program Objectives.") After these steps are accomplished, the next set of objectives seems to focus on gaining the acceptance, confidence, and trust of the Home Start families. It is only after this rapport has been established that programs feel they can formulate specific goals for individual Program Components.

Individualized Services to Families

Many staff feel that at this time it is easier to detail objectives for individual families than to specify general program goals (and extremely important). Staff emphasized that objectives vary with the needs of each family. For example, the objective of improving the diet of one child in the Program might be inappropriate for another child or family. Some staff have found it difficult, if not impossible, to generalize the objectives of the Program before having a good understanding of individual family needs.

As mentioned earlier, most programs have not yet formulated measurable objectives. However, the process of assessing families, individualizing objectives with them, and, on this basis, developing a series of measurable program objectives, is already evident in some programs. Here are some examples of the beginning stages of this process. In the Franklin Home Start Program, a Home Visitor has outlined the following preliminary family objectives based on her assessment of individual needs:

> One little boy doesn't talk very well. I'd like to improve that by working with him and his mother.
>
> One of my mothers never stays at home. I'd like to get her to spend more time with her children.

Or in the Northern Utah Home Start Program:

> I would like the children by next May to develop good self-concepts, have a knowledge of labels, to know primary and secondary colors, and to be able to count and to be able to tie their shoes and zip their coats.

Different Goals and Objectives by Different Groups: Many staff in Home Start Programs make it clear that different persons in the Programs have different sets of goals. A Home Visitor might have one set of goals for a Program; the Director or the Social Service Coordinator might have another. This does not imply that the goals of different persons within Programs conflict, but rather, that they are stated in different ways, at different levels of specificity and levels of priorities. Home Visitors, in general, seem to have very specific short-range individualized goals for families. Directors of Programs tend to have a more global view of program goals -- they are often interested in long-range issues such as the coordination of services to families, the development of staff training programs, the need to educate the community about the needs of Home Start families.

Compatibility

Overall, local goals and objectives are compatible with national goals and objectives. As programs continue to develop, they will redefine and regroup their objectives. Formative Evaluation will continue to assist programs to articulate their objectives, which will become, in all likelihood, increasingly measurable.

B. LOCAL HOME START PROGRAM SUMMARIES

1. HUNTSVILLE, ALABAMA
2. FAIRBANKS, ALASKA
3. FORT DEFIANCE , ARIZONA
4. DARDANELLE, ARKANSAS
5. WICHITA, KANSAS
6. GLOUCESTER, MASSACHUSETTS
7. RENO, NEVADA
8. BINGHAMTON, NEW YORK
9. FRANKLIN, NORTH CAROLINA
10. CLEVELAND, OHIO
11. HARROGATE, TENNESSEE
12. HOUSTON, TEXAS
13. WESLACO, TEXAS
14. MILLVILLE, UTAH
15. PARKERSBURG, WEST VIRGINIA

TOP OF ALABAMA REGIONAL COUNCIL OF GOVERNMENTS HOME START PROGRAM

ALABAMA

TARCOG is a multi-county planning district which was created in 1968 to attack problems shared by five counties in the northeastern corner of Alabama. This organization has been designated a Home Start Grantee and will operate the Program through its Human Resources Program.

The Program will attempt to serve families in "pocket" areas of each of the five counties. By "clustering" approximately 15 families in six pocket areas -- two in populous Madison County, one in each of the others -- the Program will reach 80 to 90 families with a staff of one Project Director, one Coordinator, two Teachers, two Teacher Aides, six Home Visitors and one Secretary.

In addition to the three-phased Educational Component discussed below, the TARCOG Home Start Project will deliver services in the following areas: Health, Nutrition, Psychological and Social Services. Services will also be provided to families through a comprehensive Parent Program, although plans are still tentative for this component.

As part of the Education Component, the Teachers and Aides will provide Home Start children with weekly experience in a classroom situation. These classes, which will be held in community buildings located in the pocket areas, represent a slight variation on the Early Childhood Education Model developed by the Appalachian Educational Laboratory (AEL). This model consists of educational television, home visitation, and mobile classrooms. Budgetary constraints prevent purchase of mobile classrooms, so classes will be held in donated space, but the other two components will be based on the AEL Model.

The television broadcasts, which are an integral part of the TARCOG Educational Component, will not begin until September, and the Home Start staff does not plan to be fully operative until shortly prior to that time. This schedule allows a great deal of lead time, which is being used to identify appropriate pocket areas, recruit families, locate and train staff. In

June, 1972, all of these tasks remained to be done. No pocket areas and, therefore, no families had been selected. The only staff members hired were a Teacher and a Teacher Aide.

Many of the coordinating arrangements needed to ensure the success of Home Start have not been completed, but they are being developed. Relations with the CAA, which serves three of the five counties, are good, but there is some tension between Home Start and the CAA headquartered in Huntsville -- primarily due to a conflict over the Home Start sponsorship.

In order to deliver services in Education, Health, Nutrition, Psychological and Social Services, TARCOG Home Start has outlined the overall Program goals:

- To involve parents in the educational development of their children.
- To strengthen in parents their capacity for facilitating the general development of their own children, especially in rural areas.
- To demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.
- To determine the relative costs and benefits of center- and home-based comprehensive Early Childhood Development Programs, especially in areas where both types of programs are feasible.

Specific objectives for each Program Component are described in the Case Study.

FAIRBANKS HOME START PROGRAM

ALASKA

The Fairbanks, Alaska, Home Start Program is presently struggling to enroll participants, recruit and train staff, and plan service delivery. Because of a "lull" during the summer months, however, it is unlikely that the Program will be delivering services much before October, 1972. There is a clear need for pre-school child care in Fairbanks, however, and the Program is working with two major obstacles in trying to make Home Start a reality: 1) cultural conflict between Program concepts and staff attitudes and native cultures and styles of life; and 2) the limited appeal of a home-based program in a climatic region that fosters "cabin fever" and otherwise limits the value of utilizing the homes of poor people as learning environments for young children.

To date, only 12 families have been enrolled in the Fairbanks Home Start Program. It has been difficult for the Program to recruit Native Alaskan families, due to the mobility of the population and the guidelines for eligibility. In addition, in many cases the attitudes of the Home Visitors in the Program toward child-rearing run counter to those of the three traditional native cultures that influence the Eskimos, Athabascans and other Natives of the Tanana Valley. Whereas the Home Visitors are not familiar with behavior modification techniques and would recommend strict disciplinary action as a response to undesired behavior, the average Native parent would not.

The Greater Fairbanks Head Start Association has identified four overall goals for its Home Start Program:

- To involve parents directly in the educational development of their children.
- To strengthen the capacity of parents for facilitating the general development of their own children.
- To organize Home Start participants so that they will be able to share common feelings and problems with the goal of increasing their individual and group effectiveness in dealing with problems.
- To stress native heritage in the Program, so that positive feelings of native Alaskans will be created and more pride in individual backgrounds will be instilled.

Specific objectives for each Program Component are described in the Case Study.

In order to overcome some of the vital problems inherent in establishing a Home Start Program in Fairbanks, the staff will have to focus more directly on isolating the target population and establishing what services Home Start will be able to offer above and beyond (or within different sets of goals) the Head Start Project. They will attempt to focus on four basic Program Components: Health, Nutrition, Psychological and Social Services, and Education.

There are three basic challenges that the Fairbanks Home Start Program must successfully meet if it is to succeed: 1) The challenge of inadequate conditions for optimum home-based services for young children; 2) the problem of seasonal employment; and 3) the difficulty of delivering services to a diverse complex clientele with unique problems, using a concentration of paraprofessionals.

One thing is clear, however; there is a critical need for pre-school child care services in the Fairbanks area and Home Start can help meet this need.

NAVAJO HOME START PROGRAM
ARIZONA

Home Start is a new and hopeful program on the Navajo Reservation. The Home Start concept is particularly significant because, for several generations, education for the Navajo people has meant "going away" from the family and the home. The majority of children at the age of five or six go off to boarding schools, just as their parents did. For a few there are day schools, but this may mean riding a bus for four hours a day. For much of the twentieth century Navajo parents have not been the primary educators of their children, and there has been little or no emphasis on their history, culture or language. Home Start, then, with an emphasis on the importance of Navajo parents, children and culture, is a welcome new Program.

The Program is entirely Navajo, both staff and families. There are currently four Home Visitors and three Parent Aides, a Coordinator and a Secretary. They have had an exciting pre-service training program and have surveyed 115 families: 33 in the Crownpoint area (Rincon Marcus) and 82 in the Tuba City area (Grey Mountain, Cameron). Two Home Visitors and two Parent Aides will be working with 40 families in eachof these areas. They plan to have all families recruited by August. The Coordinator and Home Visitors are mostly former Head Start staff and the Parent Aides are from the two Home Start communities.

Home Start is part of the Office of Navajo Economic Opportunity (ONEO), a Community Action Agency established in 1965. In June, 1972, the Home Start Program was part of and under the direction of the Head Start Director of Child Development. At that time the ONEO Executive staff was considering a change in organizational structure, making the Home Start Coordinator directly responsible to the ONEO Director of Operations. Home Start thus would work cooperatively with (and not under) the Head Start Director. In early June, 1972, the final decision had not yet been approved.

During their start-up phase, as organizational decisions are being finalized, staff are in the process of defining their roles, recruiting families and translating overall program goals to meet individual family needs. The goals for the Program include the following:

- To involve parents in the educational development of their children.
- To help parents become more aware of and make of of existing community resources.
- To improve the health and nutrition of families.
- To build on and strengthen the positive elements of Navajo families.
- To increase the children's knowledge of and use of Navajo language and culture.
- To help children prepare for school.

To achieve these goals, it is important that Home Start staff work closely with the Head Start staff, and that the Coordinator, Arthur Sandoval, receive strong support. He is new to administration, Home Visitors are new to working with families and children in a home setting, and the Parent Aides are entirely new to the whole operation. While off to a firm start, Home Start will continue to need strong administrative and program support in order to provide real opportunities for Navajo families.

ARKANSAS RIVER VALLEY ACTION COUNCIL INC. HOME START PROGRAM
ARKANSAS

The Arkansas River Valley Action Council Inc. (ARVAC) Home Start is a rural program serving mostly Anglo-Saxon families who live in great isolation in a five-county area (Pope, Perry, Franklin, Johnson and Scott), covering some 5,870 square miles. The program is an adjunct of Head Start and is operated out of a Central Office in Dardanelle and seven local Home Start offices.

Prior to Home Start funding, ARVAC operated a home-based program in 1966 and 1967. Its focus was on the family, however, rather than on providing services to the pre-school child. A number of the former Home Management Aides are now serving Home Start as Home Visitors.

The ARVAC Home Start Program has been in full operation since funding became available on March 15, 1972. In fact, the 64[1] families that were enrolled in the Program at the end of May had been recruited prior to that date (as was the Home Start staff). Staff was hired in January to participate in an intensive pre-service training program the following month. Since no funds were available at that time, staff was on loan from other community programs.

All staff has been recruited, with the exception of a Speech and Language Development Specialist and an eighth Home Visitor.[2] Each Visitor is assigned to a group of 10 families, which they visit twice a week. These visits will be supplemented by monthly group meetings for the parents. No group activities are presently being planned from Home Start children, however. The Home Visitors are frequently accompanied by one of the two Supervisors, who are very instrumental in assisting them in dealing with special problems and in suggesting appropriate educational materials.

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[1] Family enrollment increased in June to 80.

[2] An additional Home Visitor was hired in June.

One of the most notable elements of the ARVAC Home Start Program is its large professional staff of seven people who serve Home Start on a part-time basis. All have specific responsibility for program planning and coordination and for providing specialized services to families.

The Education Component of the Home Start Program has been carefully planned to give children a "head start" in life and to create an environment which fosters growth and development. Educational activities to be undertaken in the home are detailed in weekly lesson plans which are developed by the professional Home Start staff. Each visit is individualized, however, to meet the child's special needs. Staff use a wide variety of educational materials to achieve the objectives of the weekly lesson plans.

The three other Program Components -- Psychological and Social Services, Health, and Nutrition -- are primarily built around existing community resources. Since some of these services, such as medical and dental care, are scarce, the VISTA Nurse and the Staff Nutritionist are providing assistance directly in the home. Home Visitors, Supervisors and Central staff share responsibility for making referrals on behalf of their families.

The overall goals of ARVAC Inc. Home Start, as stated in the proposal, are as follows:

- To involve the parents directly in the educational development of their children.
- To strengthen parents in their capacity for facilitating the general development of their own children.
- To assist families in assessing health and nutritional needs of their families to make plans for meeting those needs.
- To plan with the family in recognizing the psychological social and behavioral needs and to develop plans for meeting those needs.

Specific objectives for each Program Component are described in the Case Study.

The program is dynamic and unique, providing a much needed service to families who live in almost total rural isolation.

WICHITA AREA COMMUNITY ACTION PROGRAM INC. HOME START
KANSAS

Wichita Area Community Action Program Inc. (WACAPI) Home Start is an urban program located in the heart of Wichita. It is an adjunct of the Head Start Program and provides services to families for whom no Head Start has been possible (as a result of limited funding). Furthermore, Home Start has made a special effort to reach out to low-income families who live outside the six "poverty pockets" of the city, where pre-school programs and other community resources are scarce or inaccessible because of lack of adequate transportation.

The Program is staffed by ten people--a Director, a Secretary, and eight Home Visitors--all of whom, with the exception of the Director, were selected by the Personnel Committee of the Head Start Policy Council. The staff represent a broad mix of ethnic backgrounds. Four of the Home Visitors are Black and one is Mexican-American. Each Visitor serves a group of ten families from different ethnic origins who live in neighborhood "clusters." The Mexican-American Visitor serves a mix of families, particularly those families who speak Spanish in their homes.

At the end of May, 1972, 57 families were enrolled in the Program, with another 23 to be recruited in the near future. Most of the recruitment was done upon referrals from community agencies and through a door-to-door outreach effort by the Home Visitors. Minority participation in Home Start is approximately 50%.

Home Visitors meet with their families once a week for a minimum of two hours to deliver health, nutrition, social/psychological and education services. These home visits are supplemented by field trips to the park or zoo and by group meetings for the parents. No group experience is presently being planned for the children, although parents may elect to use funds which are available for baby-sitting services to provide educational activities for their children in a group setting.

The Program is "unstructured," to allow each Visitor to plan activities that meet the needs of each individual child and family they serve. Goals for the educational development of the child are set jointly by the parent and Home Visitor to ensure maximum parent involvement in goal achievement. A special attempt will be made by the Home Visitors to involve fathers, or substitute fathers, by arranging evening visits or by asking volunteers (such as Big Brothers) to undertake activities with Home Start children.

Emphasis is placed on serving the "total family" and on helping them meet a variety of needs through referrals and direct services in the home. However, most of the Health, Nutrition, and Psychological and Social Services Components are still in the planning stages. An Inter-Community Agency Committee has been formed which will serve Home Start in an advisory capacity. This committee will be instrumental in identifying existing resources, in the coordination of services which are provided to Home Start families, and in assisting staff in dealing with special problems.

The goals of WACAPI Home Start as stated in their proposal cover three areas:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To assist the family in becoming a self-sufficient unit by:
    - -making families aware of existing community resources;
    - -promoting better utilization of existing resources; and
    - -making the community more aware and responsive to the needs of low-income families.

A Home Start Policy Committee will be formed in the near future which will elect three members to serve on the City-Wide Policy Council (presently the Head Start Policy Council). The Committee will be responsible for setting overall Home Start policy guidelines and will attempt to ensure maximum parent participation in all aspects of the Program.

GLOUCESTER HOME START PROGRAM
MASSACHUSETTS

Gloucester Home Start serves five small towns and cities in the Cape Ann area of Massachusetts, an irregular, wooded, and increasingly populated shore line area only an hour's drive from Boston. Most of the 30 families in the Program in May, 1972, lived in Gloucester. A few are from Ipswich and Rockport and recruiting for more families is being done in Manchester and Essex. The Program will serve 60 Cape Ann families this year.

Three administrative staff work closely with each other and with the six Home Visitors. The Director is responsible for the overall design and administration of the Program; a former Director of Gloucester Head Start, she has a good relationship with the Gloucester parent community. A Coordinator of Home Visitors does what her title suggests, and is also responsible for in-service staff training. The Family Services Administrator coordinates families referred for various services available through Home Start: health check-ups and treatment, social services, psychological or family counseling, and education. He also keeps records and reports for the Program. All three are informal advisors in planning education activities with Home Visitors for individual families.

In general the most important objectives of the Gloucester Home Start are to help parents feel confident about being parents and teachers for their children. Each staff member shares this objective although each has an individual view of how to accomplish it. A similar objective is to increase families' control over what happens to them by improving their access to services available in Gloucester.

Although nearly 30 agencies exist to provide social, educational, health and psychological services in the Cape Ann area, many people do not know about or have difficulty obtaining these services. Health services will have to be provided almost entirely by private physicians and dentists, in the absence of regular clinics. The Family Services Administrator is designated to help Home Visitors see that all families actually receive the services they need.

Psychological and family counseling will be available through the Cape Ann Children and Family Center; some nutritional services will be provided by residential nutrition aides located in Gloucester.

Educational activities during home visits will emphasize things that parents and children can do with each other. During the summer many home visits are planned for the beach, parks and wooded areas around Cape Ann. Home Visitors will be emphasizing activities that parents can make or do as part of continuing family life.

In addition to educational activities, the Gloucester Home Start features two resources designed to encourage parent participation with each other at the Home Start Center. One is a Toy Lending Library. Toys fill the windows of the storefront Home Start office in Gloucester, inviting children and parents alike to browse and borrow.

Upstairs, two light high-ceilinged rooms contain a Workshop where Home Visitors create toys and games for their families. This Workshop will be open to, and staffed by, parents of Home Start families for their own experimentation in making toys for their children.

Although services will be available through referral to community agencies, most direct services will be provided by Home Visitors. Because the Home Visitors are the most important link with families, Gloucester Home Start staff participated in three weeks of pre-service training in May 1972 before home visits began.

Designed by the Home Visitor Coordinator, training has included observations of children in many settings, studies and discussions with other home visit programs, workshops at the Cambridge Advisory for Open Education, a conference on Adult Basic Education, Parent Effectiveness Training (P.E.T.), lectures and demonstrations by Early Childhood experts from Gloucester, Cambridge, and Boston. As Home Visitors identify new needs for skills to serve their families, in-service training will be arranged as a regular weekly activity.

The overall goals of the Program remain essentially unchanged from those which appeared in the Program's funding proposal:

- To involve parents directly in the educational development of their children.
- To help strengthen parent's capacity for facilitating the general development of their own children through home visits, center workshops, and parent involvement meetings.
- To make available to parents comprehensive outreach services.
- To develop a career ladder for Home Visitors.
- To activate and coordinate with existing community human services -- Surplus food, Coop store, Credit Union, Mental Health Clinic and Social Services.

Specific objectives for each Program Component are described in the Case Study.

Since most staff are long-time residents of Gloucester, they respect the local traditions of family loyalty and independence. Staff are eager to understand what kinds of services and activities parents want for themselves and their children and expect to shape the Home Start Program according to what parent want.

RENO HOME START PROGRAM

NEVADA

As of June, 1972, Reno Home Start, the last of the original 15 Home Start Programs to be funded, was in the process of selecting its key staff: Home Start Supervisor, Education/Training Supervisor, Social Services Specialist, and Home Visitors. With promised Home Start funds not yet received from the Office of Child Development, and only Head Start/Home Start Director Marie Mills and Health Services Specialist Sarah Battle working, plans for Home Start staff training, family recruitment, and Program operation were in preliminary stages.

The Economic Opportunity Board of Washoe (EOB) is the Grantee Agency for Home Start. Head Start/Home Start will be a joint program with shared resources under the direct supervision of the administrators of the EOB. This arrangement may give the Program needed focus and direction, or it may retard Home Start's development of a service delivery capability.

Reno depends for its economic well-being on gambling, a twenty-four hour industry that provides millions of dollars of tax revenue to Nevada each year. The social and political philosophy of the Reno area is quite conservative. In the eyes of many, social programs are "frills." In the words of one resident, "This is not a very cuddly place. People around here don't do a very good job of taking care of each other."

Reno Home Start plans to offer service in four component areas: Health, Nutrition, Social/Psychological Services, and Education. Central to the Program will be eight Home Visitors who will each work with 10 families, helping them to better understand and participate in the educational development of their children. A principal goal of the Program is to serve as a referral center, connecting Home Start families to the medical, social, and legal services that they need. The overall Program goals are:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their children.

Specific objectives for each Program Component are described in the Case Study.

As Reno Home Start enters its start-up phase in June, 1972, it is unclear how the Program will unfold. The Head Start/Home Start sharing arrangements remains to be operationalized. The hiring and training of staff in the next few months will exert a profound influence on the directions and possibilities of the Program.

BINGHAMTON HOME START PROGRAM

NEW YORK

The Binghamton Project Home Start is an urban Program which has been in operation since 1966. Since OCD funding became available in March, 1972, however, the Program has changed considerably to meet the new guidelines. Originally, services to families were provided in a group setting rather than in the home. Since most of the former Home Start families who fought so hard to obtain additional funding for the Program are no longer eligible under the new guidelines, special permission was obtained from the Office of Child Development to continue to involve these families in bi-monthly group activities. At the end of May, 177 families were participating in the Home Start Program.

The large participation has created somewhat of a burden for the staff--four staff members are devoting a full-time effort to making arrangements for the additional group meetings and to transport the children back and forth to the three-room children's center at Project Home Start. As a result of the age differential of the children who come to the center--Home Start children as well as their brothers and sisters--it has been difficult to plan specific educational activities for the children in a group setting.

Seventy-eight of the families enrolled in the Program meet OCD guidelines and are being visited once a week by one of the four Home Visitors. The educational activities which are undertaken in the home are planned individually for each family by the Home Visitors and the Educational Coordinator, who also has responsibility for making visits to a limited number of families.

Plans are underway to develop a more structured curriculum which will be more specifically designed to meet the needs of Home Start children and to involve the parents in the educational development of the child.

The other three components of the Home Start Program--Psychological and social Services, Health, and Nutrition--center around existing community resources. Home Visitors have primary responsibility for making referrals on behalf of their families and for providing some direct services in the home. Group meetings also are being used to acquaint families with community resources and to discuss topics which relate to these Program Components. Since the new Program started this Spring, physical and dental examinations have been given to all children and arrangements made for continued follow-up care.

The overall goals for the Program are:

- To improve the self-concept of parents.
- To give parents a better understanding of sound parent-child interaction.
- To make parents aware of community resources.
- To find a constructive way for "guest" families to leave the Program.
- To strengthen parents' capacity for facilitating the development of their own children.
- To involve parents directly in the education of their children.

The specific Program goals will be set for each enrolled family to meet their individual needs. The Program plans to increase the proportionate participation of fathers. The Program intends to focus the delivery of services on individual needs of the families, rather than providing comprehensive services which are directed at the community at large.

Specific objectives for each Program Component are described in the Case Study.

Policy for Project Home Start is set by the Home Start Advisory Board which has 28 members, 16 of whom are parents. Home Start is represented on the Board of the Grantee Agency, Opportunities for Broome, Inc.

At the end of May, 1972, the Program was in full operation, providing a wide range of services to families. Overall program emphasis is on "helping families help themselves" and on assisting them in becoming more self-sufficient. Hopefully, this will enable the Project to eventually reduce the number of families that are presently being served.

MACON PROGRAM FOR PROGRESS

NORTH CAROLINA

The Home Start Program sponsored by Macon Program for Progress (MPP), a Community Action Agency, is headquartered in Franklin, North Carolina, and serves the entire county, which is predominantly rural. Home Start is a logical expansion of the Home Visitation Program initiated in 1967 by the local Head Start Program, also sponsored by MPP, with the addition of a Traveling Teacher to their staff. This position was created to serve a limited caseload of 15 families unable (or unwilling) to send their children to the "traditional" Head Start Center.

This Home Start Program is designed to serve 60 families with a staff which consists of a Director, a Parent Activities and Education Coordinator, seven Home Visitors (five based in Franklin, two in outlying communities), a Licensed Practical Nurse, and a Secretary-Bookkeeper. The Program got off to an early start, recruiting all staff (except the Secretary-Bookkeeper) and conducting pre-service training prior to the National Home Start Conference. In May, 1972, 55 families had been recruited by the Home Visitors and initial home visits were underway.

Medical resources in Macon County are limited, but the major goal of the Health Component is to obtain physical and dental exams for all pre-school children in Home Start families. Macon Program for Progress (MPP), the Home Start Grantee, sponsors a program for Homemaking Trainees, who (upon request) can work with families to improve the nutritional content of their meals. MPP will be the primary resource for the Nutrition Component of the Program.

Resources in the area of Psychological and Social Services consist primarily of referrals to various agencies and counseling services available through the County Welfare Department. The Program will provide a much-needed social outlet for parents through a program of active parental involvement. Most direct services, however, will be provided through the Education Component of the Program. Each Home Visitor plans her own schedule, drawing heavily upon the materials obtained at the local pre-service training sessions and at the National Home Start Conference.

In order to guide the Program in meeting the objectives of each Program Component, Macon Home Start outlines its overall Program goals as:

- To involve parents directly in the educational development of their own children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To help families become aware of the health and nutritional needs of their family members and to plan to meet those needs.
- To use as many local resources as are available to acquaint and provide needed services to children and families.
- To strengthen (and in many cases "to build") in these families a healthy self-image; offering them supportive assistance to try to engender in them confidence to work and live in the present and hope and plan for the future.
- To provide some social contacts for the parents outside the home (especially for the mothers) such as trips, outings, neighborhood gatherings, mobile classes, etc.

Specific objectives for each Program Component are described in the Case Study.

CLEVELAND HOME START PROGRAM

OHIO

The Cleveland Home Start Program is an urban program located on the East side of the City's inner city. Presently there is one central Home Start office on Cornell Avenue, with two satellite offices located in Day Care Centers, one office in a CEO Outreach Post, and one in a settlement house. The Home Start Project is sponsored by the Council of Economic Opportunities in Greater Cleveland, with the Center for Human Services acting as the Delegate Agency.

The Program is presently in its developmental stages, with only four of a desired eight Home Visitors on staff; other staff include a recently appointed Program Coordinator, a Clerk-Typist, and the Project Director, Mary Martin. The Home Start staff has been able to recruit and enroll 38 out of a desired 80 families. An attempt will be made to recruit the remaining families throughout the Summer.

Extensive pre-service and in-service training has been made available to the Home Start staff. Mary Martin has been able to do a large portion of the training herself, with the assistance of Richard Jones, Assistant Director of the Day Nursery Association, and other available community resources, including Family Services, the Mental Development Center, and consulting pediatricians. Some attempt has been made to produce a training "model" which would provide a cohesive framework for the educational goals of the Program, while providing the staff (particularly paraprofessionals) with the information they need to maximize the delivery of services to families.

The Home Visitors intend to develop some assessment procedures for use in the second year of the Program. It is hoped that the assessment will enable the staff to make some measure of progress, both in terms of the individual growth of parents and children and the responsiveness of the staff in selecting appropriate activities for Home Start participants. In addition, the staff will continue to call upon experts in various fields of child development in order to broaden their own skills and become more sensitive to the needs of the families they serve.

Because Cleveland is a highly developed urbanized center, the Home Start Program is able to call upon a myriad of other social service agencies to assist in providing health, nutrition, psychological and social, and educational services. One very critical resource, which is not often available to similar Programs, is the Mental Development Center at Case Western Reserve University. The center concerns itself with problems of slow mental development and learning, including diagnosis, clinical services, research, counseling and information for clients. It also operates a preschool program for educable mentally retarded children. The center will provide in-service training to the Home Visitors on the developmental stages of the child from infancy through twelve years of age.

Despite the number of services available from other agencies, Home Start has not made all of the necessary contacts and arrangements to coordinate potential services. The Program intends to begin calling on various civic organizations, school associations, and other resources in order to enable Home Start to provide its participants with a diversity of experiences in the areas of health, nutrition, psychological and social services, and education.

The goals of the Cleveland Home Start Program, as stated in their proposal, are:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.

- To demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.

Specific objectives for each Program Component are described in the Case Study.

Perhaps the greatest strength of the Cleveland Home Start Program is their recognition that Home Start is not a panacea for all the problems of low-income families. They are working to build an understanding of the role of a Home Start Program; an understanding that learning is a family-sharing experience, intermittently assisted by the kinds of services Home Start can provide, which may help them cope with the many problems for low-income families.

CLINCH-POWELL EDUCATIONAL COOPERATIVE
HOME START PROGRAM
TENNESSEE

The Clinch-Powell Educational Cooperative (CPEC) sponsors a Home Start Project which is concentrated in two rural counties (Campbell and Union) in upper East Tennessee. The Program is built around a three-phased educational model which was developed by the Appalachian Educational Laboratory (AEL). CPEC used the same model for its Early Childhood Education (ECE) Project which operated during the 1971-72 school year under ESEA Title III funding.

This Educational Component consists of educational television, home visitation by a trained paraprofessional and classroom experience in a mobile van. The AEL model utilizes materials in each of the three components which have been carefully planned by a team of curriculum experts to complement each of the other components, including a specially designed series of half-hour television programs. Reception problems in the mountainous Clinch-Powell area have resulted in a decision to use "Sesame Street" (which will be telecast over a more powerful commercial station) instead of the AEL program as the TV phase of ECE next year. Similar programming will be used for Home Start's Educational Component which also will consist of Home Visitors and mobile classroom instruction.

The Program is designed to serve 80 families, some of which will be transferred from the ECE project. CPEC's Director of Early Childhood Education, Field Supervisor, and Mobile Van Teacher and one Teacher Aide will divide their time equally between ECE and Home Start. In addition, the following staff will be assigned full-time to Home Start: a Parent Educator, four Home Visitors, one Teacher, one Teacher Aide, and one Secretary.

The Program is faced with difficult staffing problems during the start-up period. Of the positions mentioned above, only those of Field Supervisor (half-time) and two Home Visitors are filled, and CPEC is having great difficulty locating suitable candidates for other positions.

Family recruitment also is incomplete--partially due to the staffing problems. No families have been officially enrolled, but 41 have been pre-registered. Those who cannot be served by Home Start will be absorbed into ECE.

CPEC has a subcontract with the County Health Department under which a Nurse is hired by the Health Department and is assigned to work full-time with Home Start. This Nurse (RN) has been hired and is making home visits and creating medical histories on all family members. The Nutrition Component of the Program will draw primarily on the local County Home Demonstration Agents, but plans and coordinating arrangements have not been finalized. In addition, only preliminary contacts have been made with the County Welfare Department, which will be the primary resource in providing psychological and social services.

At the present time, the specific approach for achieving many of the Program goals is unclear. However, the overall Program goals of the Home Start Project, as described in the CPEC proposal, are as follows:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.

- To identify and remedy at as early an age as possible any existing medical, dental, and psychological health problems.

- To ensure the child's future health through specific preventive measures and through health and nutrition education of his parents.

- To provide a wide spectrum of educational activities for the children designed to stimulate physical, intellectual, and emotional devleopment to the maximum.

Specific objectives for each Program Component are described in the Case Study.

Clearly, however, the present emphasis of the CPEC Home Start Program is on the Educational Component, because that is the area in which they have the greatest experience.

HOUSTON HOME START PROGRAM

TEXAS

The Houston Home Start Program is a rural/urban Program with approximately 70% of the families living in the outlying districts of downtown Houston. The Central Home Start Office is located in the Harris County Community Action Association (HCCAA), at 6300 Bowling Green Street. Home Start offices are located in a large complex which also houses several other social service agencies, including Head Start. HCCAA is the Grantee for Home Start and Head Start is the Delegate Agency.

Presently the Home Start staff consists of 11 women: three Mexican-Americans, one Anglo, and seven Blacks. The majority of the families being served are Black. The staff intends to provide Home Start services to 80 families. However, as of May, 1972, only 60 families had been recruited, and are now being served. Recruitment procedures for families followed the guidelines of OEO Head Start/Home Start Programs.

Employment is not a serious problem in Houston, with only a 2.4% unemployment rate. However, 56% of the Home Start parents are presently unemployed.

In order to deliver services in the areas of health, nutrition, psychological and social services and education, Houston Home Start is fostering useful relationships with other social service agencies in the area.

For example, Home Start families are referred to the Harris County Health Department, to the Psychologist, Social Worker, and Nutritionist who are Head Start staff members, and to local doctors and dentists who have volunteered their services.

Home Visitors will be making bi-weekly home visits to their assigned families in order to talk with parents and discover what the concerns of the family are. Each meeting is structured in order to encourage the parents to increase their involvement with the child and the activities the Home Visitor introduces. Home Start Home Visitors attempt to increase the development of the child by increasing understanding and interaction between the child and the mother.

Group meetings have also been scheduled in order to bring groups of parents together with the Home Visitors. Parents from 10 families come together to discuss their interests and the objectives they have set for themselves, their children, and the Program. In addition, the group meetings provide a valuable source of information for the Home Visitor. She is then able to ascertain the specific kinds of activities that would be most effective for each individual family.

In-service training will provide the staff with the technical skills they need to meet parents' and children's needs while increasing their own sensitivity to the community. The training will be provided by professionals on the Head Start staff.

The goals set forth by the Home Start staff include attempts to:

- To develop and coordinate a system of delivering services to families.
- To involve parents in the direct development of children.
- To assist parents in identifying and strengthening their skills.
- To develop positive attitudes on the part of the staff to ensure that they will be sensitive to the family and community needs.

Specific objectives for each Program Component are described in the Case Study.

The Houston Home Start Program is strengthening its ability to provide comprehensive care for the parents and children it serves. With the cooperation of the professional Head Start staff and the assistance of direct service agencies, Home Start will be able to better help families help themselves.

TEXAS MIGRANT COUNCIL HOME START PROGRAM

TEXAS

"I do believe we could have it better."[1]

Migrant workers believe they "could have it better," and so does the staff of the Texas Migrant Council (TMC). TMC has started a Home Start Program, in addition to its Head Start Centers, to try and make life a little better for the migrant families from the Lower Rio Grande Valley. There are no illusions about the Program, and from some there is skepticism. Home Start cannot solve all the problems facing migrant parents and children. It can, however, help them "have it better".

TMC is a non-profit organization in Laredo, Texas, which operates a network of 10 Head Start Centers spread over a 200-mile area in Texas. The Texas Centers operate eight months of the year, and the other four months they operate across nine different northern states. Every May the Centers close in Texas, and Teachers, children, equipment and materials go North with the families, following the crops.

Home Start is an eight-month program, from October to May. Home Visitors become Head Start Teachers and work in the northern Centers during the Summer. The TMC staff decided that because entire families work long days in the fields up North, home visits would not be very useful in the evenings. Home visits would best be done when families were in fact home, in Texas. Although funded in April, the Program does not officially begin operating until October. A great deal of work has been done, however, in April and May by the TMC staff to organize the Program so that it is ready to go when the families return from the North.

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[1] Robert Coles, Uprooted Children.

Under TMC, Head Start and Home Start work closely together. The Executive Director of TMC is Director of both programs. One of the Head Start Field Supervisors is also the Home Start Supervisor. The Home Start Trainer Coordinator is a former Head Start Teacher from the Weslaco Center, where the Home Start office is based.

Fourteen of 16 Home Visitors have been hired: seven from the Head Start staff and seven from the communities where they'll be working. The programs are coordinating their training programs and sharing community resources as well as the same curriculum. They are adapting the Center curriculum for home visits. Home Visitors received one week of in-service training in April, involving people from the various community agencies and universities and the Head Start staff.

Home Start is located in Hidalgo County, 200 miles south of Laredo and 60 miles west of the Gulf of Mexico, in three small towns right on the Texas-Mexico border. Eighty families have been recruited from this area with at least one child between the ages of three and five and most with several pre-school age children. At least one home visit has been made with each family. The families are isolated and almost no other services are accessible, including Head Start.

Home Start will be providing health, nutrition, psychological,and socia and education services. The immediate objectives of this Home Start

Program are to see that families have enough to eat, that serious medical problems are cared for, and to help each family determine their individual needs. Meeting these basic objectives then sets the foundation for achieving the other fundamental goals of migrant Home Start:

- To preserve the culture, lanaguage, pride and human dignity of migrant families as Mexican Americans.
- To provide parents with the information and tools they need to become better educators of their own children, stressing the importance of the pre-school years.
- To help parents become aware of, and involved in, ways of changing their own conditions.
- To help children get ready to enter the Anglo schools.

Specific objectives for each Program Component are described in the Case Study.

Only a summary of goals is possible, since the staff was not available for interviewing. Only the Director and Supervisor were available.

In a short time Home Start has gotten off to a very strong start. While not officially in operation in June, 1972, the Program was certainly waiting and ready to go. Teachers will return in September, the families will be back in October, and Home Start will then be in full operation.

NORTHERN UTAH CAP HOME START PROGRAM

UTAH

The Northern Utah CAP Home Start Program serves families who live in the 8,000 square miles of mountains, ranch land, and farmland in Box Elder, Cache, and Rich Counties, Utah. Home Start is a joint Program with Head Start and shares several key staff--Director, Education Coordinator, Health Services Coordinator, and Nutritionist. The Program was one of the last Home Starts to be funded, but is rapidly moving toward full operational strength.

Located in a former elementary school in Millville (population 400) in Cache Valley, Home Start serves its families primarily through the Home Visitors (Family Educators in Northern Utah) who visit the patches of poverty found throughout these counties, working with parents (usually mothers) around the educational development of their children. While Home Start offers its families the same health services as Head Start (physical and dental examinations and dental care for Home Start children, referrals for families) as well as nutrition information and social service assistance and referral, the thrust of the Program is toward the relationship between Family Educator and Home Start family.

As of late May, 1972, 21 families were enrolled in Home Start, and Parent/ Social Service Aides were busily recruiting several dozen more. Two Family Educators were making regular home visits, with five more Family Educators to be hired. Noted one staff member, "The selection and training of Family Educators will make or break this Program."

Start-up in Northern Utah has been relatively smooth. A committee composed of Head Start parents and staff and representatives from the CAP Agency and Board screened the many applicants for jobs and chose the new Home Start workers. A week of training helped acquaint staff to their new jobs.

The goals of Northern Utah's CAP Home Start are spelled out clearly in the proposal of January, 1972:

- To involve parents directly in the educational development of their children.
- To help strengthen in parents their capacity for facilitating the general development of their own children.
- To provide the same health services that are provided to Head Start children.
- To implement a realistic training program for parents which reflects an understanding of sound child development principles.
- To provide a series of success experiences for children, through parent education, in order that feelings of frustration and failure may be reduced or eliminated.
- To assist in promoting within the parents a feeling of accomplishment and self-worth as a result of their participation in the Program.

Specific objectives for each Program Component are described in the Case Study.

In summary, Home Start is quietly growing and building. There is a friendly, good-feeling process in the Program; the looseness to laugh, and an ability to solve the inevitable problems of starting a new program.

PARKERSBURG HOME START PROGRAM
WEST VIRGINIA

The Home Start Program sponsored by the West Central West Virginia Community Action Association serves 146 families in a 10-county region that spans over 3,000 square miles. The mountainous topography and the depressed economy of the rural areas has shaped the form of the Program. To administer its Community Action Programs over a wide area, West Central operates through a system of Delegate Agencies, one in each of the 10 counties. The Home Visitors, who live in the county they serve, have a "headquarters" for their work that may be as much as 67 miles from Parkersburg.

West Central has been the Grantee for Head Start for the past seven years, but there were many families not being served because of their isolation. In March, 1971, West Central began a home-based educational program called Preschool-at-Home. With the receipt of the Home Start grant in March, 1972, the program, with some modifications, was able to expand. The capacity is presently set at 170 families.

Because of the employment of paraprofessionals as Home Visitors, it was felt that a critical component of the Program would be in-service training. Staff and consultants have put together a comprehensive package to improve the Home Visitors' skills in delivering the services of the Health, Nutrition, Psychological/Social Services and Education Components of the Program. The Home Visitors are also given information to enable them to refer families to appropriate community resources when necessary.

In terms of objectives and training, there is a great deal of emphasis on the Educational Component. The Home Visitors' actual task at this point, however, and that task of the greatest concern, is with health and social welfare kinds of problems: getting medical check-ups for pregnant mothers providing vitamins for children, arranging for the development of a safer water supply. As many new families enter the Program, the day-to-day living problems of the rural poor take precedence. One of the main tasks of the start-up period, as seen by the Project Coordinator, is to establish the role of the Home Visitor as someone who works with and through the mother to improve the child's chances for a more successful life.

The local Home Start goals, as stated in the proposal, are:

- To improve parent-child relationships, thus enabling parents to become better educators of their children, by utilizing in the homes trained Home Visitors who have the skills necessary to effect this improvement.
- To increase cognitive, perceptual, physical, social and emotional development of all pre-school children in each Home Start family so that they are able to perform standardized tasks at a level acceptable for their age group.
- To improve the health, dental health, and sanitation conditions of the children of 80 Home Start families and, if feasible, to provide health care to other family members in the Program.
- To provide nutrition education to the parents in the Home Start Program in order to overcome the problems relating to unbalanced meals, food planning and budgeting, consumer education, and traditional food taste preferences that are not nutritional.
- To provide social and psychological services by training Home Visitors to recognize family problems and by referring the family members to the existing services.

Specific objectives for each Program Component are described in the Case Study.

As the Program gets underway, these goals have been modified, expanded, and in some cases made more explicit. As the four basic Program Components are implemented, more specific goals in each of these areas are being articulated.

C. NATIONAL PROFILE*

The following four tables, which provide national as well as local demographic summaries of Home Start staff and families, were compiled using data collected by field staff during the first wave of visits to the 15 Programs under study. The data were gathered by means of the draft Information System, which is currently under revision.

Table I, the National Profile of Home Start Staff, displays nationwide aggregated data for current staff in 14 of the 15 Programs. (Information for the Program in Reno, Nevada is not shown, since that Program has not yet recruited its staff members.) As is indicated, the 14 Programs currently employ a total of 142 people; the majority of staff members are female (96%), Anglo (57%) and are between 21 and 30 years of age (45%). Most are classed as Direct Service providers (77%), and are either non-professionals or semi-professionals (69%). Current staff appear to have a good deal of experience in the field of child development; 51% have worked in programs similar to Home Start.

Table II, the National Profile of Home Start Programs, displays aggregated data for several aspects of the Home Start Programs currently in operation. Programs in Alabama, Arizona, Nevada and Tennessee have not yet recruited their families, and therefore no data for these programs are included in the Table. Although the remaining 11 Programs are operational at present, several have not yet begun complete data collection procedures, and were thus unable to respond to all questions in the Information System. The number of Programs responding to each question, and the base number from which the percentages indicated were drawn, are also shown on this Table. As can be seen, Table II is divided into four main areas: information about general Program operations, about Home Start children, parents, and about Home Start families. Like the staff of the Programs, most focal parents are female (98%), Anglo (61%), and between 21 and 30 years of age (59%). The majority have some high school education (59%), and most are unemployed (64%). The majority of Home Start families are fairly large, with 47% having six or more members; incomes are low, with most families making less than $4,000 per year (71%). Almost half of the families reported own automobiles (46%), and half live less than 6 miles from the Home Start Center. It would appear that the Home Visitors are almost totally responsible for the recruitment of those families now enrolled in the Program; 93% of the families responding stated that they learned of Home Start through a Program representative.

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* As of June, 1972

Tables III and IV show staff and Program data broken down on an individual program basis. Again, it should be noted that family information is not available yet for Alabama, Arizona, Nevada and Tennessee and that staff data are not available for Nevada.

TABLE I.

NATIONAL PROFILE*

HOME START STAFF

Total Paid Staff		142
Full-Time		128
Part-Time:		14
Sex of Staff		
Female	96%	
Male	4%	
Ethnicity of Staff:		
Anglo	57%	
Black	17%	
Chicano	16%	
Indian	7%	
Native Alaskan	3%	
Other	0%	
Age of Staff		
16-20	3%	
21-30	45%	
31-40	28%	
41-50	14%	
Over 50	10%	
Employment Status		
Administrative	15%	
Direct Service	77%	
Support	8%	
Employment Classification		
Professional	31%	
Non-Professional	69%	
Staff With Previous Related Experience	51%	
Percent of Staff with Children Aged:		
0-2 Years	10%	
3-5 Years	19%	
6-10 Years	28%	
Over 10 Years	47%	

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*As of June, 1972

TABLE II.

NATIONAL PROFILE*

HOME START PROGRAM

		PROGRAMS RESPONDING TO QUESTION	BASE NUMBER
General			
Total Families Recruited	630	11	
Number of Children in Families	2,074	10	
Percent Aged 0-2	18%		2,074
Percent Aged 3-5	36%		
Percent Aged 6-21	46%		
Number of Centers in Program	34	10	
Type of Program		15	
Urban	6		
Rural	9		
Focal Children			
Children on Head Start Waiting List	1	8	
Children with Pre-School Experience	68	8	
Sex of Home Start Children		5	399
Female	41%		
Male	59%		
Focal Parents/Guardians			
Relationship to Children		8	500
Natural Parent	94%		
Foster Parent	1%		
Adoptive Parent	1%		
Legal Guardian	1%		
Grandparent/Relative	2%		
Other	1%		

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*As of June, 1972

TABLE II.

NATIONAL PROFILE CONT'D

HOME START PROGRAM

		PROGRAMS RESPONDING TO QUESTION	BASE NUMBER
Sex of Focal Parent		10	558
Female	98%		
Male	2%		
Age of Focal Parent		5	239
Under 16	0%		
16-20	4%		
21-25	38%		
26-30	21%		
31-35	11%		
36-40	7%		
Over 40	14%		
Unknown	4%		
Highest Grade of School Completed		6	303
No School	1%		
Some Grade School (1-8)	26%		
Some High School (9-12)	59%		
Beyond High School	4%		
College Graduate	0% (0.3%)		
Unknown	9%		
Employment		9	521
Employed	28%		
Unemployed	64%		
Unknown	8%		
In School or Training	0%		

TABLE II.

NATIONAL PROFILE CONT'D

HOME START PROGRAM

		PROGRAMS RESPONDING TO QUESTION	BASE NUMBER
Families			
Number of Farm Families	87		
Number of Non-Farm Families	543		
Income of Non-Farm Families		8	472
Under $2,000	24%		
$2,000-4,000	47%		
$4,001-6,000	19%		
$6,001-10,000	3%		
Over $10,000	0% (0.2%)		
Unknown	6%		
Percent Families with:		8	462
2 or 3 Members	9%		
4 or 5 Members	42%		
6 or 7 Members	27%		
8 or More Members	20%		
Percent of Families with Children		7	401
Aged 0-2 Years	60%		
Aged 3-5 Years	97%		
Aged 6-21 Years	91%		
Number of Families with Children Having Special Problems	64	7	
Number of Families Using House-Hold Language Other than English	97	11	
Ethnicity of Families		11	630
Anglo	61%		
Black	18%		
Chicano	18%		
Indian	1%		
Native Alaskan	0% (0.3%)		
Other	2%		

TABLE II.

NATIONAL PROFILE CONT'D

HOME START PROGRAM

			PROGRAMS RESPONDING TO QUESTION	BASE NUMBER
Families Participating in Other Federally Sponsored Programs			7	445
Head Start	0%	(0.4%)		
Other Pre-School	1%			
Job Corps	0%			
Upward Bound	0%	(0.2%)		
Public Housing	10%			
Medicaid	27%			
Welfare	39%			
Food Stamps	25%			
Federal Surplus Commodity	5%			
Work Incentive Program	2%			
Concentrated Employment Program	0%	(0.2%)		
Other	2%			
Distance of Household from Center			7	354
Less than 1.0 Mile	4%			
1.1-3.0 Miles	20%			
3.1-6.0 Miles	26%			
6.1-12.0 Miles	18%			
12.1-21.0 Miles	13%			
Over 21 Miles	16%			
Unknown	3%			
Family's Access to Transportation			6	295
None	13%			
Public Transportation Only	17%			
Neighbor-Relative Owns Auto	15%			
Family Owns Auto	46%			
Unknown	10%			

TABLE II.

NATIONAL PROFILE CONT'D

HOME START PROGRAM

		PROGRAMS RESPONDING TO QUESTION	BASE NUMBER
How Families Learned of Home Start		9	521
Visited by Home Start Representative	93%		
Referral From Head Start	1%		
Referral From Other Agency	4%		
Referred by Other Home Start Families	1%		
Through Media Advertising	0%		
Other	1%		

TABLE III
STAFF CHARACTERISTICS

	ALABAMA	ALASKA	ARIZONA (NAVAJO)	ARKANSAS	KANSAS	MASSACHUSETTS	NEVADA*	NEW YORK	NORTH CAROLINA	OHIO	TENNESSEE	TEXAS (HOUSTON)	TEXAS ([illegible])	UTAH	WEST VIRGINIA
TOTAL PAID STAFF, MAY/JUNE 1972	2	10	9	11	10	10		18	10	8	3	11	16	11	13
TOTAL FULL-TIME	2	7	9	10	10	9		12	10	6	3	11	16	10	13
TOTAL PART-TIME	0	3	0	1	0	1		6	0	2	0	0	0	1	0
NEW STAFF HIRED	2	4	0	12	10	N.I.		1	8	0	1	N.I.	7	0	0
STAFF TERMINATED	0	4	0	1	0	N.I.		1	0	0	0	0	0	0	0
SEX OF STAFF (PERCENTAGES)															
FEMALE	100	80	78	100	90	90		100	100	100	100	100	100	91	100
MALE	0	20	22	0	10	10		0	0	0	0	0	0	9	0
ETHNICITY OF STAFF (PERCENTAGES)															
ANGLO	100	30	0	91	50	100		75	100	0	100	9	0	91	100
BLACK	0	30	0	9	40	0		17	0	0	0	64	0	0	0
CHICANO	0	0	0	0	10	0		0	0	0	0	27	100	9	0
INDIAN	0	0	100	0	0	0		8	0	0	0	0	0	0	0
NATIVE ALASKAN	0	40	0	0	0	0		0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0		0	0	0	0	0	0	0	0
AGE OF STAFF (PERCENTAGES)													N.I.		
16-20 YEARS	0	10	0	0	10	10		0	0	0	0	0		0	0
21-30 YEARS	100	50	67	18	20	30		42	30	17	33	82		63	54
31-40 YEARS	0	20	22	18	30	40		17	60	50	67	0		36	23
41-50 YEARS	0	20	0	18	30	20		25	10	17	0	18		0	8
OVER 50 YEARS	0	0	11	45	10	0		17	0	17	0	0		0	15
EMPLOYMENT STATUS OF STAFF (PERCENTAGES)			N.I.												
ADMINISTRATIVE	0	40	11	0	10	20		8	10	17	33	9	6	36	15
DIRECT SERVICE	100	40	78	91	80	70		75	90	67	67	91	88	55	85
SUPPORT	0	20	11	9	10	10		17	0	17	0	0	6	9	0
EMPLOYMENT CLASSIFICATION OF STAFF															
PROFESSIONAL	50	40	0	9	90	60		50	10	17	33	27	0	45	23
NON-PROFESSIONAL	50	60	100	91	10	40		50	90	83	67	73	100	55	77
PERCENT OF STAFF WITH PREVIOUS RELATED EXPERIENCE (PRE-SCHOOL, HOME VISIT)	0	70	78	91	80	50		25	20	17	67	63	63	91	N.I.
PERCENT OF STAFF WITH CHILDREN AGED:													N.I.	N.I.	
0- 2 YEARS	0	30	22	0	10	0		0	10	33	33	9			8
3- 5 YEARS	50	20	22	0	30	10		8	20	33	67	45			15
6-10 YEARS	0	30	11	9	60	20		33	40	67	33	64			15
OVER 10 YEARS	0	30	11	81	60	50		33	60	83	33	100			54

*The Home Start Program in Reno, Nevada has not yet recruited staff, and so no information is currently available.
N.I. = No Information. Although all other Programs have recruited staff, several are not yet fully operational, and thus have not collected all information.

TABLE IV
PROGRAM CHARACTERISTICS

	ALABAMA	ALASKA	ARIZONA (NAVAJO)	ARKANSAS	KANSAS	MASSACHU-SETTS	NEVADA	NEW YORK	NORTH CAROLINA	OHIO	TENNESSEE	TEXAS (HOUSTON)	TEXAS (TMC)	UTAH	WEST VIRGINIA
GENERAL															
TOTAL NUMBER OF FAMILIES RECRUITED	●	12	●	64	57	29	●	69	55	38	●	59	80	21	146
NUMBER OF CHILDREN IN FAMILIES		35		238	218	89		242	161	149		N.I.	249	83	610
PERCENTAGE AGED 0- 2 YEARS	●	31	●	18	18	7	●	19	18	20	●		10	20	19
PERCENTAGE AGED 3- 5 YEARS	●	34	●	36	35	48	●	35	39	28	●		48	37	32
PERCENTAGE AGED 6-21 YEARS	●	34	●	46	47	45	●	46	43	52	●		42	43	49
NUMBER OF CENTERS IN PROGRAM	●	1	●	8	1	1	●	1	3	5	●	1	1	1	11
TYPE OF PROGRAM (U=URBAN; R=RURAL)	R	U	R	R	U	U	U	U	R	U	R	R	R	R	R
FOCAL CHILDREN															
CHILDREN ON HEAD START WAITING LIST	●	0	●	0	1	N.I.	●	N.I.	0	0	●	0	N.I.	0	0
CHILDREN WITH PRE-SCHOOL EXPERIENCE	●	0	●	0	3	N.I.	●	4	0	0	●	0	N.I.	N.I.	61
SEX OF FOCAL CHILDREN		N.I.								N.I.		N.I.	N.I.	N.I.	N.I.
FEMALE	●		●	46	50	37	●	41	38		●				
MALE	●		●	54	50	63	●	59	62		●				
FOCAL PARENTS/GUARDIANS															
RELATIONSHIP TO CHILDREN (PERCENTAGES)						N.I.							N.I.	N.I.	
NATURAL PARENT	●	92	●	97	95		●	88	84	95	●	98			98
FOSTER PARENT	●	0	●	0	0		●	4	0	0	●	2			0
ADOPTIVE PARENT	●	8	●	2	4		●	0	0	0	●	0			0
LEGAL GUARDIAN	●	0	●	0	2		●	0	5	5	●	5			0
GRANDPARENT/RELATIVE	●	0	●	2	0		●	1	11	0	●	0			1
OTHER	●	0	●	0	0		●	6	0	0	●	0			1
SEX OF FOCAL PARENT (PERCENTAGES)													N.I.		
FEMALE	●	60	●	100	100	100	●	100	100	100	●	100		71	1
MALE	●	40	●	0	0	0	●	0	0	0	●	0		29	99
AGE OF FOCAL PARENT (PERCENTAGES)		N.I.		N.I.		N.I.						N.I.	N.I.	N.I.	N.I.
UNDER 16	●	0	●		0		●	0	0	0	●				
16-20	●	0	●		0		●	3	2	18	●				
21-25	●	45	●		30		●	52	36	26	●				
26-30	●	25	●		30		●	13	20	21	●				
31-35	●	5	●		7		●	14	13	13	●				
36-40	●	10	●		12		●	1	7	8	●				
OVER 40	●	15	●		21		●	9	22	3	●				
UNKNOWN	●	0	●		0		●	7	0	11	●				
HIGHEST GRADE OF SCHOOL COMPLETED (PERCENTAGES)		N.I.				N.I.						N.I.	N.I.		N.I.
NO SCHOOL	●		●	2	2		●	0	0	0	●				
SOME GRADE SCHOOL (1- 8)	●		●	34	15		●	35	29	11	●				
SOME HIGH SCHOOL (9-12)	●		●	63	56		●	54	62	76	●				
BEYOND HIGH SCHOOL	●		●	2	9		●	0	0	8	●				
COLLEGE GRADUATE	●		●	0	0		●	0	0	0	●				
UNKNOWN	●		●	0	18		●	12	9	5	●				
EMPLOYMENT (PERCENTAGES)						N.I.									
EMPLOYED	●	84	●	6	12		●	36	11	0	●	22		57	47
UNEMPLOYED	●	17	●	94	88		●	49	87	100	●	78		43	32
IN SCHOOL OR TRAINING	●	0	●	0	0		●	0	0	0	●	0		0	0
UNKNOWN	●	0	●	0	0		●	14	2	0	●	0		0	21

o = Alabama, Arizona, Nevada and Tennessee have not yet recruited their families, and so no information is available for them. Texas Migrant Council (TMC) has recruited its families, but will not begin collecting information until Fall.

N.I. = No Information. Several Programs have recruited all families, but have not yet collected full information.

PROGRAM CHARACTERISTICS CONT'D	ALABAMA	ALASKA	ARIZONA (NAVAJO)	ARKANSAS	KANSAS	MASSACHUSETTS	NEVADA	NEW YORK	NORTH CAROLINA	OHIO	TENNESSEE	TEXAS (HOUSTON)	TEXAS (TMC)	UTAH	WEST VIRGINIA
	HOME START FAMILIES														
NUMBER OF FARM FAMILIES	●	N.I.	●	2	0	0	●	0	4	0	●	N.I.	80	1	0
INCOME OF FARM FAMILIES (PERCENTAGES)		N.I.										N.I.	N.I.		
UNDER $2,000	●		●	0	0	0	●	0	0	0	●			0	0
$2,000-$ 4,000	●		●	50	0	0	●	0	75	0	●			0	0
$4,001-$ 6,000	●		●	50	0	0	●	0	25	0	●			100	0
$6,001-$10,000	●		●	0	0	0	●	0	0	0	●			0	0
OVER $10,000	●		●	0	0	0	●	0	0	0	●			0	0
UNKNOWN	●		●	0	0	0	●	0	0	0	●			0	0
NUMBER OF NON-FARM FAMILIES	●	N.I.	●	62	57	29	●	69	51	38	●	N.I.	0	20	146
INCOME OF NON-FARM FAMILIES (PERCENTAGES)		N.I.											N.I.		
UNDER $2,000	●		●	23	11	10	●	10	20	21	●			10	45
$2,000-$ 4,000	●		●	52	44	62	●	55	51	58	●			45	37
$4,001-$ 6,000	●		●	24	15	21	●	22	20	21	●			30	15
$6,001-$10,000	●		●	2	5	7	●	7	0	0	●			5	2
OVER $10,000	●		●	0	0	0	●	0	0	0	●			5	0
UNKNOWN	●		●	0	24	0	●	6	10	0	●			5	1
PERCENTAGE OF FAMILIES WITH:						N.I.						N.I.	N.I.		
2 OR 3 MEMBERS	●	17	●	2	11		●	9	15	26	●			10	4
4 OR 5 MEMBERS	●	50	●	48	40		●	54	49	32	●			57	34
6 OR 7 MEMBERS	●	25	●	42	30		●	23	24	24	●			14	28
8 OR MORE MEMBERS	●	8	●	8	19		●	14	13	18	●			19	34
PERCENTAGE OF FAMILIES WITH CHILDREN:								N.I.				N.I.	N.I.	N.I.	
AGED 0- 2 YEARS	●	92	●	58	67	17	●		40	53	●				73
AGED 3- 5 YEARS (HOME START)	●	100	●	100	95	100	●		100	100	●				92
AGED 6-21 YEARS	●	100	●	97	100	52	●		80	100	●				89
NUMBER OF FAMILIES HAVING CHILDREN WITH SPECIAL FAMILIES	●	N.I.	●	10	20	N.I.	●	12	3	0	●	0		N.I.	19
NUMBER OF FAMILIES USING A HOUSEHOLD LANGUAGE OTHER THAN ENGLISH	●	1	●	0	1	3	●	0	0	0	●	9	80	3	0
ETHNICITY OF FAMILIES (PERCENTAGES)															
ANGLO	●	67	●	89	46	100	●	80	98	0	●	2	0	67	97
BLACK	●	17	●	9	37	0	●	9	2	100	●	63	0	0	2
CHICANO	●	0	●	0	14	0	●	0	0	0	●	36	100	14	0
INDIAN	●	0	●	0	4	0	●	1	0	0	●	0	0	5	0
NATIVE ALASKAN	●	17	●	0	0	0	●	0	0	0	●	0	0	0	0
OTHER	●	0	●	2	0	0	●	10	0	0	●	0	0	14	1

PROGRAM CHARACTERISTICS CONT'D	ALABAMA	ALASKA	ARIZONA (NAVAJO)	ARKANSAS	KANSAS	MASSACHUSETTS	NEVADA	NEW YORK	NORTH CAROLINA	OHIO	TENNESSEE	TEXAS (HOUSTON)	TEXAS (TMC)	UTAH	WEST VIRGINIA
	HOME START FAMILIES, CON''D.														
FAMILIES PARTICIPATING IN OTHER FEDERALLY-SPONSORED PROGRAMS (PERCENTAGES)						N.I.			N.I.		●	0	N.I.	N.I.	
HEAD START	●	0	●	2	2		●	0		0	●	0			0
OTHER PRE-SCHOOL PROGRAM	●	0	●	0	4		●	4		0	●	0			0
JOB CORPS	●	0	●	0	0		●	0		0	●	0			0
UPWARD BOUND	●	0	●	0	2		●	0		0	●	0			0
PUBLIC HOUSING	●	8	●	0	14		●	23		47	●	0			0
MEDICAID	●	0	●	3	47		●	75		100	●	0			0
WELFARE (AFDC)	●	17	●	9	49		●	65		92	●	10			34
FOOD STAMPS	●	17	●	14	0		●	74		100	●	12			2
FEDERAL SURPLUS COMMODITY	●	0	●	0	40		●	0		0	●	0			0
WORK INCENTIVE PROGRAM	●	0	●	0	2		●	0		0	●	0			2
CONCENTRATED EMPLOYMENT PROGRAM	●	0	●	0	2		●	0		0	●	0			0
OTHER	●	0	●	8	0		●	0		0	●	7			0
DISTANCE OF HOUSEHOLD FROM CENTER (PERCENTAGES)						N.I.							N.I.	N.I.	N.I.
LESS THAN 1.0 MILE	●	17	●	6	0		●	7	4	0	●	0			
1.1- 3.0 MILES	●	67	●	9	11		●	14	5	100	●	0			
3.1- 6.0 MILES	●	0	●	19	44		●	65	18	0	●	0			
6.1-12.0 MILES	●	17	●	22	30		●	7	47	0	●	0			
12.1-21.0 MILES	●	0	●	28	4		●	0	9	0	●	36			
OVER 21 MILES	●	0	●	12	0		●	0	16	0	●	64			
UNKNOWN	●	0	●	3	12		●	6	0	0	●	0			
FAMILY'S ACCESS TO TRANSPORTATION (PERCENTAGES)						N.I.						N.I.	N.I.	N.I.	
NONE	●	25	●	5	14		●	26	11	0	●				35
PUBLIC TRANSPORTATION ONLY	●	0	●	0	18		●	49	0	13	●				
NEIGHBOR/RELATIVE OWNS AUTO	●	8	●	5	9		●	1	5	79	●				
FAMILY OWNS AUTO	●	67	●	69	49		●	22	71	8	●				39
UNKNOWN	●	0	●	22	10		●	1	13	0	●				26
HOW FAMILIES LEARNED OF HOME START (PERCENTAGES)						N.I.							N.I.		
VISITED BY HOME START REPRESENTATIVE	●	100	●	100	35		●	100	98	100	●	100		100	100
REFERRAL FROM HEAD START	●	0	●	0	4		●	0	2	0	●	0		0	0
REFERRAL FROM OTHER AGENCY	●	0	●	0	39		●	0	0	0	●	0		0	0
REFERRED BY OTHER HOME START FAMILY	●	0	●	0	12		●	0	0	0	●	0		0	0
THROUGH MEDIA ADVERTISING	●	0	●	0	2		●	0	0	0	●	0		0	0
OTHER	●	0	●	0	9		●	0	0	0	●	0		0	0

D. INFORMATION SYSTEM

A draft Information System, including worksheets, records, reports, and instructions has been developed for the Home Start Program based on the Management Information System designed for the HEW Parent and Child Centers. At the present time the system is designed to report information about families, staff, services and costs on a six month basis. Four basic reports will be sent to the National Home Start Office (each six months), compiled from a set of recommended family worksheets, staff and family records, and monthly program records. A complete list of records and reports are found on page .

An initial draft of the system was reviewed by Ann O'Keefe, Program Director, Esther Kresh, Evaluation Project Officer, and Paul Dockecki, Project Advisor. An initial revision was made. The Staff Application Record, Employee Record, and Family Information Record were sent to programs for immediate use; thus each program began to collect some basic information about families and staff in a similar form. Programs were aware, however, that the three records were in draft form and would be revised.

The revised draft system was then field tested in each program during the May-June field visists. Each program filled out the Staff Characteristics Report and the Family Characteristics Report based on staff and family information available at that time (The data reported is presented in Part B. National Profile). Home Visitors were asked to review worksheets and records for both direct services and referral services.

Home Visitors were asked to evaluate the worksheets and reports for their usefulness at the family and program level and for their compatibility with other family records to be kept by Home Visitors. Forms for reporting financial data and donated goods and services were reviewed by Grantee and Program staff responsible for financial record-keeping. Financial staff reviewed the forms for compatibility with regional HEW reporting requirements.

In general the system was favorably reviewed. Programs felt it could be maintained in a reasonable amount of time with current staff and that duplication of information kept on other records was minimal.

Major concerns focused on the following:

- Staff time spent in administration and planning was not adequately reflected.
- The record of hours spent with families did not reflect partial hours of specific services provided by Home Visitors.
- The In-Kind services category was not clearly defined.

The financial forms were compatible with current regional reporting requirements.

Revision of the Draft Information System, focusing on program concerns, was discussed at a joint meeting in Cambridge, Massachusetts, June 22, with the Abt and High Scope staffs and the National Program staff. Further review is now being completed by the Cost/Benefit and Summative Evaluation staffs.

The third draft of the Information System will be completed by July 19 and submitted to the Project Officer for final review procedures. During this review time each program will be contacted and assisted in developing individual data collection and data use plans. Documentation of the system and data display forms will be completed. After final approval of the system, sufficient copies of forms and instructions will be sent to the programs for the first year of operation.

It is now anticipated that the first six month reporting period will end September 30, 1972. Information will reflect the first six months of National Program Operation with the understanding the information will not reflect a full six months of operation for each individual program.

HOME START INFORMATION SYSTEM

Draft Reports, Records, and Worksheets

I. Families

Family Information Record
Family Services Record

Family Characteristics Report

II. Staff

Staff Application Record
Employee Record

Staff Characteristics Report

III. Services

Family Direct Services Worksheet
Family Referral Worksheet

Program Direct Services Record
Program Referral Record

Program Services Report

IV. Grantee Financial Report

V. Donations

Donated Services Record
Donated Goods Record

Donated Goods and Services Report

E. FIELD OPERATIONS

1. Recruitment of Families and Community Testers

Nine of the 15 Home Start programs are included in the summative evaluation: Alabama, Arkansas, Massachusetts, Nevada, New York, Ohio, Texas (Houston), Utah, and West Virginia. Seven programs are recruiting the last few families needed to make full program rolls. Two other programs, Nevada and Alabama, are not yet in operation and, as of June, 1972, had not recruited any families.

The seven operating programs were recruiting families according to the OCD Recruitment Guidelines Memo, March 21, 1972. As of July, 1972 six programs estimated that at least 30 of the families recruited so far would leave the program by the Summer of 1973. The following information is presented for the seven programs, updated as of July, 1972, where possible:

- Age range of "target" children
- Number of "target" children in each age category
- Number of families who will leave the program at end of Year I.
- Number of Community Interviewers.

Information regarding old and new families is presented for New York and West Virginia where home visit programs was in existence before National OCD Home Start funding.

The socio-economic and ethnic characteristics of families as well as the number and ages of siblings in each family was gatherd in May/June, 1972 and is summarized in Part C. National Profile of this section.

During the first field visit, Abt Associates field staff recruited community interviewers to conduct the testing of participants in the nine programs included in the Summative Evaluation. Two interviewers and one alternate were selected at each of the nine sites, with the exception of Gloucester, Massachusetts, and Parkersburg, West Virginia. Recruitment will take place at these two sites in July or August.

At each of the sites, field staff over-recruited to allow for attrition between the time of recruitment and the September training session. Abt Associates will maintain contact with the interviewers and alternates throughout the summer.

Interviewers were recruited through newspaper advertisements and community rosters. Directors at each of the nine sites were requested to compile a listing of interviewer candidates prior to the field visit and had the option of reviewing this listing with the Head Start Parent Advisory Boards. At some of the sites, the Home Start Directors were directly involved in the final selection of the candidates.

Following is a summary of family and interviewer recruitment by program:

Alabama: No families have been enrolled in the program to date. Two community interviewers and one alternate were hired however.

Arkansas: At the end of May, 64 families had been recruited with a total of 65 "target" children and 21 "non-target" children between the ages of three and six. Of this total, 22 children are three, 37 four, and 27 five years of age. The Director of ARVAC Home Start estimates that 35 families will be enrolled for one year.

Two community interviewers and one alternate were recruited in Arkansas.

*Massachusetts: In Massachusetts of the 54 families recruited, there are 57 "target" children between the ages of three and six (no "target" children are six years old). Of these 57, 25 are three, 23 four, and 5 five years old. Thirty families will leave the program at the end of Year I.

Community interviewer/testers will be recruited in early July.

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* Programs for which data was updated as of late June or early July, 1972.

Nevada: The Reno program is still in the start up phase and has not recruited any families. Two community interviewers and one alternate were selected.

*New York: The Binghamton program recruited 78 families at the end of June, 37 of which were enrolled in the previous Home Start program. The program is serving a total of 106 three to six year olds; 80 are considered "target" children. Of this total 34 are three, 38 four, and 8 five years of age. A total of 34 (26 old) families are expected to leave the program in June of 1973.

Recruitment of community interviewers and one alternate has been completed in Binghamton.

*Ohio: The total enrollment for the Cleveland program is 40 families who have a total of 50 children between the ages of three and five. Forty of these children are "target" children; 31 are three, 9 four, and none five. The Director estimates that a total of 9 of the families recruited will be enrolled in the program for one year.

One interviewer and one alternate have been hired in Cleveland. An additional interviewer will have to be recruited to insure that at least one is Black. Abt staff will make a final selection by August.

*Texas (Houston): Sixty-two families are enrolled in the Program with a total of 78 three to six year olds. Twenty-seven are three, 38 four, and 13 five year olds. Forty families will be terminated after one year to comply with the Home Start Guidelines.

Recruitment took place in Houston and one interviewer and one alternate were hired. Staff is still recruiting for a Mexican-American interviewer for Spanish-speaking families. A selection will be made by Abt staff in August.

*Utah: In Utah, 59 families have been recruited with a total of 68 "target" children ages three and four. There are 24 three year olds, and 44 four year

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* Programs for which data was updated as of late June or early July, 1972

olds. Thirty-five families will leave the program in June, 1973.

Two community interviewers and one alternate have been recruited and hired.

West Virginia: Total family enrollment in the Parkersburg program is 143, 43 of which were previously involved in Home Start. The program is serving a total of 141 "target" children between the ages of three and six; 47 are three, 33 four, and 61 five years old. A total of 106 families will leave the program in June of 1973.

Recruitment of the community interviewers and the alternate will take place in July or August.

2. 1972 Field Procedures

Between May 22 and June 7, 1972, three to five person days were spent at each of the 15 Home Start Program sites. The field staff included six people from Abt Associates and one person from the High Scope Educational Research Foundation. To prepare for these field visits the New York Home Start Program was visited and a preliminary draft case study was written. As a result of this field visit, a revised case study outline and five Interview Guides were developed for use by the field staff. The outline, case study and Interview Guides were reviewed by Ann O'Keefe, National Program Director, Esther Kresh, Evaluation Project Officer and the National Review Panel. A one day training session was then held for the field staff.

During the field visits field staff interviewed Program Directors, Home Start Staff, Head Start Staff, Grantees and community resource people. Where possible home visits were made and the draft Information System was reviewed. Community Interviewers were recruited and hired in seven sites. Case studies were written as staff returned from the field. On June 22, 1972 the entire Abt-High/Scope Evaluation staff met with the National Program staff for a debriefing: reviewing individual programs, the information system and community interviewers.

For the National Case Study, Home Start related memos, transcripts and papers from May 1971 through May 1972 were collected and studied. The Evaluation Staff interviewed key officials in the Office of Child Development and telephone interviews were conducted with the Home Start Regional Representatives.

The second field visits will be conducted in October, 1972, following the September training session for Community Interviewers and a meeting of the 15 Program Directors also tentatively scheduled for September. The Program Directors meeting will include: a review of the case studies and the Formative Evaluation Case Study Process; a review of the Summative Evaluation test battery; ways of explaining the Summative Evaluation to staff, families and communities; plus National and local program concerns. For information about the Community Interviewer training session please see Section II Summative Evaluation.

Revised Case Study format will be developed for the October field visits based on the May-June field experience, the comments of the National Review Panel and comments from the programs. Case studies will be reviewed by programs before official submission to the National Office. The revised case study format and accompanying interview guides will be designed so that they reflect not only what the program is doing at that particular point in time, but also what went on over the previous six months, showing changes that have occurred or not occurred and why.

During the second visits the Case Study staff will review the first six month information reports prepared by the programs, conduct interviews again with staff and community resources, and supervise the initial testing done by the community interviewers. Community interviewers will also have contact with the Abt staff in Cambridge. Final plans for communication with the interviewers and review of their work will be completed after the test battery has been finalized and in conjunction with the development of the Community Interviewer training program.

F. NATIONAL CASE STUDY

A Short History of Home Start

June, 1972

Principal Author: Robert Fein

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[*] A list of Documents and interviews on which the Case Study is based are included in the Appendix.

JUNE, 1972

Crowded into an office on the second floor of the building that houses the Office of Child Development (OCD) in Washington, D.C., with piles of materials about home-based Child Development Programs all around, Dr. Ann O'Keefe and her staff of four administer, coordinate and support the new National Home Start Program. On a wall next to Ann O'Keefe's desk hangs a sign that captures the flavor of June, 1972: "Hello Home Start." With fifteen Programs from Alabama to Alaska still in their first few months of operation, Dr. O'Keefe and her staff (Sherry Kapfer, Deria Moore, Florence Seguin and Arlene Ryan) are busy gathering and disseminating information about Home Visiting Programs, planning visits for training and technical assistance, scheduling a Fall conference with Home Start Directors, working to ensure that (in Ann O'Keefe's words) "program and evaluation work hand in hand," and in general, trying to help Programs meet their start-up and early operational needs.

"We've worked hard to get here in ten months," says Dr. O'Keefe quietly and proudly. Indeed, they have. Within a year from Director of OCD Dr. Edward Zigler's enabling decision, Dr. O'Keefe and her staff have planned, organized and funded a new National Program, a Program that, when at full strength, next fall, will serve over 1000 families across the country.

I. HISTORY

Home Start, according to one Federal official, is a product of the "incremental approach to government programming." Although organizationally Home Start is less than a year old, the ideas underlying this new Federal Program are rooted in the nineteenth century, when massive waves of immigration flooded the eastern seaboard in the 1880's and 1890's, and several million immigrants were crowded into burgeoning, rat-infested slums. Corps of social workers, philanthropists and educators descended on these newest Americans to give aid and advice to families in need. Working through settlement houses and charity organizations, the social reformers of the late 19th century provided direct and referral services to meet the educational, nutritional, health and social/psychological needs of the immigrants. One focus of these efforts was the establishment of kindergartens--schools in which teachers taught young children in the morning and visited families in the afternoon.

Since the nineteenth century, varieties of home visiting programs geared to family support, child development and social change have made their way through American social welfare and educational history. From nursery schools in the 1920's to WPA nursery schools with home components during the Great Depression to family day care support programs of World War II and through the war on poverty of the 1960's, Americans have experimented with home visiting programs for children and families.

In the mid-1960's, with public consciousness raised about the millions of American children seemingly condemned to remain trapped in the "cycle of poverty," the Federal Government chose to experiment with educational solutions to the problems of financial poverty. In 1965 Project Head Start was inaugurated by the Johnson Administration as a massive response to the belief (and supporting data) that low-income children were "already behind" when they entered first grade in the public schools.

Although early Head Start was almost exclusively a center-based Program, several researchers pioneered home-based intervention programs for low-income families. Several agencies in the Federal Government (the Children's Bureau, the Office of Economic Opportunity, the National Institute of Mental Health, the Office of Education, the National Institute of Child and Human Development, the National Institute of Health) each funded part or all of a home visiting research/demonstration project. With the support of these Federal funds, researchers like Dr. Susan Gray at George Peabody Teachers College in Tennessee, Dr. Phyllis Levenstein at the Verbal-Interaction Project in New York, Dr. David Weikart at the Ypsilanti-Carnegie Infant Education Project in Michigan, Dr. Earl Schaeffer at the Infant Education Research Project in Washington, D.C., Dr. Ira Gordon at the University of Florida, and Dr. Roy Alford at the Appalachian Educational Laboratory, Dr. Ron Lally, Syracuse University, Dr. Bettye Caldwell, Dr. Rick Heber, Dr. Merle Karnes, and Dr. Glen Nimnicht, sought to test the viability and effects of pre-school home visiting intervention projects for children of low-income families.

From 1965 through 1970 center-based pre-school intervention projects, both inside and outside the Head Start Program, were far more numerous and better publicized than Home Visiting Programs. Those Home Visiting Programs that did seem to attract notice concentrated for the most part on working with mothers and their infants. As research data accumulated suggesting that beneficial effects of center-based programs for low-income pre-schoolers were more often attenuated than enhanced by the first few years of public school, professional and governmental interest began to shift towards home visiting efforts.

Coupled with this interest around 1970 in home-based programs was a coalescence of concern about the "break-up" of the traditional American family. While once, said scholars and researchers, the majority of Americans were nurtured in "extended" families, (father, mother, siblings, grandparents, uncles, aunts, cousins, and maybe a journeyman or two), by the 1960's the extended family had, by and large, disappeared. For example, a study in Massachusetts reported that only 4% of all families with children ages 0-6 years in Massachusetts in 1970 had a non-parental adult living in the home. Concern with the effects of changes in American family structures was heightened by publicity about rising divorce rates and debates about the effects on children being reared in one-parent families.

In 1969 the Westinghouse-Ohio State Evaluation of Head Start suggested that Head Start was not succeeding in making sustained increases in the cognitive test scores of its children. Though both the methodology and the conclusions of the Westinghouse Evaluation were open to questioning, within the Federal Government the point was made that by criteria of cognitive gain scores, Head Start was not a clear success. Responding at least in part to continuing criticism of Head Start, the Office of Management and Budget requested the Office of Child Development to fund a series of experimental programs that would increase and deepen the nation's knowledge base about child development programs. Money was budgeted from 1969 to 1974 for such efforts.

The Birth of Home Start

When Dr. Edward Zigler was confirmed as Director of the Office of Child Development in 1970, he undertook a review of the Agency's Programs, particularly Head Start, which had recently been transferred from the Office of Economic Opportunity to OCD. Noting that several Home Visiting Programs had produced impressive test score results with their children, cognizant of the increasing amount of literature that pointed to the importance of parents as primary determinants of their children's growth and development, mindful of shifts in vanguard educational thinking towards the position that a center-based experience is not the optimal remedial kind of intervention for many children, Dr. Zigler decided to initiate a $1.5 million per year Federal Home Start Program.

Alert to currents in the nation cresting against the spectre of "federal communal child-raising," Dr. Zigler pointed out to the House Committee on Appropriations on May 19, 1971 that OCD was deeply concerned with supporting families in caring for their children in their own homes.

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* Child Care in Massachusetts: The Public Responsibility, Richard Rowe et al. A Study of the Massachusetts Advisory Council of Education. Boston, 1972.

> Another approach to meeting the needs of children and youth is programming for family development in the home, rather than relying exclusively on center-based projects which separate parents and children...in order to address the needs of families today, OCD will develop and demonstrate several 'Home Start' programs which will be added to existing Head Start Centers to provide services to parents and children of Head Start age and younger in the home. Mothers and fathers who wish to participate will be offered regular assistance in homemaking skills and good child development practices.

In Spring, 1971, with the decision made to fund a "Home Start" project and $1.5 million for the Program approved by Congress in the OCD Fiscal 1972 budget, Dr. Zigler asked Mr. Richard Orton, Director of Head Start, to get the Program off the ground. Mr. Orton convened an in-house group of OCD personnel and consultants to help plan the new Program and arranged with the Appalachian Regional Commission to "borrow" their Early Childhood Ecucation Specialist, Dr. Ann O'Keefe, on a half-time basis from August, 1971 on. (Dr. O'Keefe moved from the position of Acting Home Start Director "on loan" to full-time Director of Home Start in the Winter of 1972.)

An OCD operation plan, prepared in August, 1971, listed the following start-up steps and schedule:

I.	Compile Data on Currently Operating Home-Based Pre-School Programs	August 30, 1971
II.	Determine Program Criteria	September 24, 1971
III.	Award Evaluation Contract	January 2, 1972
IV.	Obtain Applications from Interested Parties	December 5, 1971
V.	Select 15 Communities and Approaches to be Implemented in Local Home Start	January 2, 1972
VI.	Make Grants to Local Grantees and/or Program Sponsor	February 1, 1972
VII.	Train Local Home Start Staff	April 15, 1972
VIII.	Program Begins	May 1, 1972

With some minor modifications, Ann O'Keefe and her staff kept remarkably close to this schedule.

Early Planning

As of September, 1971, Home Start was a promising idea, an item in the OCD budget and a schedule to be met. Ann O'Keefe, several OCE staff and a few consultants sat down to flesh out the Program. A small contract with Childhood Resources, Inc. of Washington, D.C. yielded a paper summarizing a survey of approximately 54 home-centered programs which delivered educational services to pre-school children across the country and looked at an additional 30 programs. At least three key decision themes run through the memos that detail Home Start discussions between September, 1971 and May, 1972:

1) The purposes and objectives of Home Start.
2) The relationship between Home Start and Head Start.
3) The need for and function of evaluation.

These topics will probably remain central throughout the life of the Program. The first is discussed in Section I.A., Home Start Goals and Objectives. The other two topics are discussed in later sections of this National Case Study.

In meetings in September, 1971, the Director of OCD made it clear that he was committed to making Home Start operational as soon as possible. Notes a report of a Home Start meeting, "Dr. Zigler stated firmly that he wanted a Home Start program in place soon (perhaps January, 1972)..." This pressure was a fact of life of Ann O'Keefe and her two staff members, Sherry Kapfer and Florence Sequin, from September, 1971 until April, 1972.

Meetings in September led to the Working Paper of September 22, 1971. Written by Dr. O'Keefe, the paper was an effort to provide a framework for Home Start discussion and planning. Dr. O'Keefe noted, "Home Start is seen as an adjunct to existing Head Start and/or Parent-Child Center Programs, serving additional children of the same age (0-5) and eligibility as children currently served in the established programs. It is a home-based program which utilizes and develops the role of the parent as the first and most influential 'educator' in his or her child's life. It provides some form of all the comprehensive services normally provided by existing Head Start and Parent-Child Center Programs: educational, medical, dental, nutritional, psychological and social."

In her paper Dr. O'Keefe recommended allowing "several mixes of home-based programs." Possibilities included visiting a mother and child and a babysitter and day-care children, coupling visits with group experiences for children, adding a daily early childhood education television program to the Program's fare, and including children in small groups visiting a neighborhood home.

With regard to program selection, Dr. O'Keefe envisioned a process whereby Headquarters OCD staff and Assistant Regional Directors of OCD in each of the 10 regions would share the jobs of identifying and visiting programs, soliciting applications and selecting the 15 programs to be funded. First, OCD Headquarters would identify existing Head Start Centers with home-based programs or Head Start programs that had done planning for a home-based program. Assistant Regional Directors (ARDs) and Regional Staff, given this information, would identify additional possibilities. OCD and the ARDs would then select one, two or three candidate sites in each region, make site visits and invite one or two programs from each region to submit proposals. After a meeting with all candidates to discuss the guidelines and proposal writing, a committee of OCD staff and consultants would review and rewrite proposals, "if necessary, recommending approvals and disapprovals."

Though the Working Paper was vague as to exactly how the OCD Headquarters staff and the ARDs would make selections, it was clear that an invitation to a Program to submit a proposal was tantamount to an OCD decision to award the Program a Home Start project.

Several recommendations were made in the Working Paper as to Home Start staff and population:

- Children with physical handicaps, children home-bound because of geographic location, children cared for in a baby-sitter's home and children of working parents should all be included in the Home Start population.
- During Year I, there should be workshops in central locations to provide common training and orientation for all Home Start staff.

On October 1, 1971, Dr. Zigler and other OCD officials met to modify the Working Paper. Two main points came out of the meeting: Home Start would be mounted in conjunction with Head Start Programs and not with the Parent-Child Center Program, and an effort should be made to ensure a degree of commonality among the 15 Programs beyond that resulting from the fact that they were home-based.

The Home Start National Planning Conference

To further the thinking and planning for Home Start, a group of 95 professionals in Child Development, operators of Home-Based Programs, representatives of Federal Agencies,and parents were invited to meet with OCD Headquarters and Regional staff on October 21 and 22, 1971 in Washington, D.C. The transcript of this Conference presents the currents of opinion that were flowing around Home Start at the time.

Opening the Conference, Dr. Zigler outlined the position of Home Start vis-a-vis the larger strategy of home-based program development. The first step, he noted, was the research and demonstration work conducted between 1965 and 1971. He continued, "Now, it's time to take the next step. This step would be a very high-visibility, national intervention--a national Program that is still experimental, but nonetheless, systematically spread all over the country. The final stage, of course, if that particular effort works, is to begin thinking about the Home Start Program as a truly national effort from which a new institutional form results."

Dr. Zigler went on to discuss the importance of the "interactive process between the parent and the child" and the directions he thought Home Start should not take. "I don't think that what Home Start should ever become is some group of experts who come into somebody's home and say, 'We know how to raise your kids; now you do what we say.' Rather, the point is to go into a home and help parents achieve the goals that they have for their children...

"I'm very concerned, frankly, about the movement towards universal preschool education... I see Home Start as an indicator, (1) that we care what has happened to family life in America, and (2) that we're trying to develop some forms to do something about it and to tie it back to the major point that we appreciate the fact that it's family, it's parents, that are the most important determinants, especially in the early years, of the child's life, of what the child will become."

The Home Start Planning Conference met in task forces to discuss the educational program, health, nutrition, psychological and social services, staff recruitment and training and evaluation. In general, participants supported the notion of a Program designed to provide support to families. Several people, however, questioned whether Home Start "is a family-centered program or is this a more traditional...cognitively-oriented child stimulation program?" Throughout the Conference discussions, there was little definition of a "family-centered" program. Implicit definitions ranged from suggesting that such a program was one where staff worked directly with parents to one where the program worked to change institutions that affected family life.

Another major question arose concerning the strategy of change implicit in the Home Start design. Said one speaker, "I would like to challenge the National Administration and all of the people involved in Home Start to use Home Start as a way of changing our professions and institutions, rather than merely families or children." Another speaker developed this point, "Why are we just going to graft to our present communities new money, new programs to help people facilitate the operation within that system? How come we aren't thinking about really dynamic and different systems?"

Overall, the transcript of the Planning Conference suggests that although some participants felt that the social change aspects of Home Start should be emphasized more, people were satisfied that the Program was moving in a generally positive direction. Differences in program philosophy may be seen in two statements of philosophy and goals, one submitted by a member of the Conference, the other a joint resolution adopted by Conference participants and subsequently included by Dr. O'Keefe in the Home Start Guidelines.

> Home Start is a family program that recognizes the strengths of families. Its major goal is to facilitate changes in the systems and institutions that affect family life. This must be achieved in order to make these institutions and resources maximally responsive to children, families and communities.

> Home Start is a home-based program demonstrating alternative ways of providing Head Start-type comprehensive services, with a focus on enhancing the quality of children's lives by building upon existing family strengths and utilizing parents as the major advocates for and educators of their own children.

Dr. O'Keefe and her OCD Headquarters Home Start staff chose to define the program in terms that emphasized educational changes and not, as some had hoped, larger social changes.

Site Selections

On the second day of the Conference Dr. O'Keefe met with representatives of the Regional Offices to discuss site selection and grant application procedures. The final procedures, as noted in Dr. O'Keefe's memos of November 2 and 5, 1971, requested that the Assistant Regional Directors or their designated representatives (Home Start Regional Representatives)

- Identify the most desirable Program locations in each Region and notify OCD of these Programs.
- Visit Programs to see whether they meet criteria in newly-published Home Start Guidelines, after receiving approval from OCD.
- Notify one or more Programs that they have been tentatively selected for Home Start and that they will be invited to come to a Proposal Preparation Meeting.
- Attend a Proposal Preparation Meeting in December, 1971 with the potential Home Start participants.
- Help Programs write proposals.
- Determine which proposal from a Region will be the prime proposal and which, if any, will be submitted for one of the two "additional" Programs (one Program for each of 10 Regions, one Program in Appalachia, one Indian, one Migrant, two "additional").
- Submit proposals.

According to the memos of November 2 and 5, 1971, once proposals were submitted a review panel consisting of one representative from each Regional staff, the National Home Start Staff and a small number of consultants drawn from the Home Start Planning Conference participants would review them, if necessary send proposals back for revision, and effectuate the grants.

These memos clarified the selection process. National OCD would do preliminary screening and, with Regional assistance, review and approve proposals. Regional OCDs would, with wide latitude, select the Programs which would submit proposals and, with high probability, be funded.

During the Fall of 1971, several persons in OCD, led by Dr. Esther Kresh of OCD's Research and Evaluation Division, discussed and developed a plan for the evaluation of Home Start. Evaluation was a major topic at the Home Start Planning Conference and in meetings several weeks thereafter. The history of the development of the Home Start Evaluation Plan is discussed in greater detail in Section IV.

Home Start Guidelines of November 19, 1971 spelled out Program components and requirements. Key requirements were as follows:

- "The program must be essentially home-based, in contrast to center-based.
- The program must be adjuncted to or sponsored by an existing Head Start Program, Community Action Agency, or other agency which by law and regulation is capable of receiving a supplemental grant for Head Start. This agency will be the fiscal agent for the Home Start Program.
- The Program must develop a local Parent Policy Committee based to the extent possible in OCD Head Start Regulation Number 70.2. In those instances where the grantee already operates a Head Start program, it is encouraged that the Head Start program Policy Council be enlarged to include Home Start representation.
- The program must help parents enhance the total development (including cognitive, language, social, emotional, and physical) of all their children.
- The program must develop and expand the role of parents as their own children's most influential educators.
- The program must involve fathers (or father substitutes) as well as mothers (or mother substitutes) when possible.
- The program must be willing to keep necessary records and participate in the evaluation study..."

The November, 1971 Guidelines explained that each program must have at least 80 participant families, with at least one child in each family meeting current Head Start age and economic eligibility requirements. But although the "target" child must be 3, 4, or 5 years old, "all younger siblings will also be served in the program and will be considered as Home Start children." Second and third-year funding, declared the Guidelines, would be contingent on both the ability of the program to meet the evaluation requirements and the availability of funds.

Representatives of 15 programs selected by ARDs met in Chicago on December 9 and 10, 1971, to discuss proposal writing. At the meeting, it was explained that the normal Head Start requirement of 20% in-kind funding would be reduced to 10% for most Home Start Programs and below 10% for those few programs who were serving extremely low-income areas.

Dr. O'Keefe and her staff worked with each of the groups who attended the Proposal Planning Meeting to help fit proposals into Home Start Guidelines. After the December 9 and 10 meeting, one Program decided not to apply for a Home Start Program. It was replaced by a proposal from the Northern Utah Community Action Program Head Start.

On January 19-21, 1972, OCD Headquarters Home Start staff, Regional Home Start Representatives and several parents and consultants met to review Home Start proposals. All fifteen proposals were provisionally accepted although almost all programs were asked to revise their proposals. A memo of January 23 advised programs to begin revision of their proposals and to negotiate all budgets and grants with their Regional OCD Office.

In the Fall of 1971, the funding process of Home Start was unresolved. Originally, it was decided that money could most easily flow through an existing OCD-funded program. This was a major reason why Home Start was required at first to be an adjunct to existing Head Start Programs. However, by December 18, 1971, OCD Headquarters decided that Home Start proposals would be written as new grant actions and not as supplemental grants to existing Head Start Programs. Grantee Agencies would have to be Agencies which could legally accept Head Start grants, since Home Start technically came out of

Head Start monies; but grants were to be made for a 12-month period, so Home Start Programs would not be tied to the Program Year of a sponsoring Head Start.

Between late January and March, 1972, Programs revised their proposals and all except one were officially approved. One proposal was withdrawn and was replaced by a proposal, written in March, by the Economic Opportunity Board of Washoe County, Nevada. As of April 3, 1972, more than one-half of the 15 Programs had received their funds. On January 14, 1972, a Request for Proposal for the Home Start Evaluation Study was sent to 22 organizations who were interested in evaluating Home Start. From the 12 proposals submitted in February, 1972, the High Scope Educational Research Foundation, with Abt Associates as a subcontractor, was chosen to do the evaluation (see Section IV Evaluation).

The First National Home Start Conference

With fourteen Programs in some stage of start-up and one submitting a proposal by mid-March, 1972, plans went ahead for the First National Home Start Conference, held April 3-7 in St. Louis, Missouri. Directors, Educational Coordinators, Advisors, Home Visitors, Regional Home Start Representatives, the OCD Headquarters Home Start Staff, and members from the High Scope Educational Research Foundation/Abt Associates evaluation team gathered together to listen to speeches, view films about Home Visiting Programs, participate in workshops, and generally get acquainted with Home Start.

Delivering the keynote address to the Conference, Richard Orton, Director, Bureau of Head Start in OCD, noted, "the final plans for Home Start have not been completed. We have no plans at this moment to expand the program dramatically next year or in subsequent years. What we're interested in is testing the model...What we are doing in Head Start and Home Start is not a massive Federal intervention into what is most appropriately the responsibility of the family. Our concern is to help the family do its job better."

Many of the Home Start staff at the Conference indicated the need for specific information and training materials about Home Visiting programs. Since the Conference, Ann O'Keefe and her staff have been assembling and sending out packages of information to each program on a monthly basis. A detailed report on the Conference was also sent to all Home Start Programs and Conference Participants. Currently the staff is engaged in two major projects: (1) Compilation of a bibliography of materials useful to home-based programs, and (2) a survey of existing home-based programs across the nation.

In the short space of seven months time the Office of Child Development conceptualized, planned, developed, funded and put into operation a new demonstration-experimental program. With the publicity given to Home Start slowly and steadily growing (a major article in Newsweek, May, 1972; mention in Harper's Magazine, July, 1972; Parade Magazine, May 14, 1972; news articles in the New York Times and other leading newspapers nationwide in January, 1972; article in the Washington Post, April, 1972; mention in Education USA, Children Today, Children's House, Appalachia, Report on Preschool Education and other education-oriented publications in the Spring of 1972), by June, 1972, in Dr. Zigler's words of October 21, 1971, OCD was giving "a visible sign that OCD is not interested in merely putting every child in this country in a center; we're equally interested in supplementing family life and helping parents be parents."

II. ORGANIZATION

Home Start is a program of the Federal Office of Child Development, a new Agency created by Executive Order in Spring, 1969, and located in the Office of the Secretary of the Department of Health, Education and Welfare. Home Start's position in the organizational structure of OCD has changed slightly since the restructuring of OCD in Spring, 1972. Under the old structure, Home Start was located in the Program Development and Innovation Division, which was within the Head Start and Child Services Program Bureau (see Chart in the Appendix). Under the new structure, Home Start remains in the Program Development and Innovation Division, which is now parallel to Project Head Start in the new Child Development Services Bureau.

Dr. Ann O'Keefe is National Director of Home Start, the only permanent employee on the OCD Headquarters' Home Start Staff. Working with Dr. O'Keefe are three Home Start Program Associates and one Secretary. One Assistant, Deria Moore, recently transferred to Home Start from Head Start. The two other other Assistants, Sherry Kapfer and Florence Seguin, have worked with Home Start since Fall, 1971.

The relationship between the OCD Headquarters Home Start Staff and the Regional OCDs is somewhat unclear in this formative stage of the Program. Regional Home Start Representatives for each of the 10 OCD Regions and for the Indian and Migrant Home Start Programs were selected by the ARDs. Most of these Regional Home Start Representatives have been involved with the Home Start Programs since the initial planning stages. In most cases, Regional Home Start Representatives were involved in the initial screening and selection of potential Home Start Programs in their Regions, in the Proposal Writing Workshop for potential programs, in their Proposal Evaluation Review Meeting, and in the National Home Start Conference in St. Louis.

Their roles thus far have consisted of technical assistance; advising on proposals and funding; processing the Home Start Program grants; helping programs locate training resources, etc. They foresee that technical assistance and support will continue to be their role. In many cases, the Regional Home Start Representatives will delegate some of their responsibilities to the Community Representatives who are assigned to the areas where both Head Start and Home Start Programs are located.

There is some uncertainty regarding reporting and management procedures for the Home Start Programs. Some Regional Home Start Representatives are assuming that Programs will be directly reporting to the Regional Offices which, in turn, will relay information to Headquarters. Other Representatives feel that the Regional Office and Headquarters will simultaneously receive communications from local Programs. All of the Regional Representatives expect that a clearer policy regarding reporting and management procedures will evolve as the local Home Start Programs become more established.

III. HOME START AND HEAD START

The relationship between Home Start and Head Start has been clarified considerably during the ten months of Home Start's existence. In 1965, Head Start experimental money funded several home-based programs. From 1965-71, some Head Start leaders closely followed the experiences of home-based programs. When Dr. Zigler mentioned Home Start in May, 1971, before the House Committee on Appropriations, he connected it closely to Head Start: "in order to address the needs of families today, OCD will develop and demonstrate several 'Home Start' programs which will be added to existing Head Start Centers to provide services to parents and children of Head Start age and younger in the home." (emphasis added) Dr. Zigler noted that in FY 1972,Home Start funds would come from the experimental programs funds in the Head Start budget request.

Throughout Fall and Winter, 1971, there remained some question of how Home Start and Head Start would live together. Dr. Zigler consistently maintained that Home Start would be mounted in conjunction with Head Start; on the other hand, Home Start was explained as an effort to "determine the relative costs and benefits of center- and home-based comprehensive early intervention programs..." (September 22, 1971 Working Paper).

In his speech before the Home Start Planning Conference Conference on October 21, 1971, Dr. Zigler said, "the second aspect of Home Start that I think is terribly critical is that we must develop alternate forms to center care for children...our goal is not to get every child into Head Start."

Criteria in the Home Start Guidelines of December, 1971, required that a prospective Home Start Program be an adjunct either of an existing Head Start program or a Community Action Agency. Of the fifteen programs finally funded, Home Start was an adjunct to Head Start in thirteen. Discussions about the role of evaluation in Fall, 1971, suggested that Home Start children would be compared to children in Head Start. Coupled with the decision to compare the cost-effectiveness of home-based and center-based care, the decision to compare Home Start to Head Start made some observers feel that Home Start was being tested as a possible (and inexpensive) "replacement" for Head Start.

In his speech to the First National Home Start Conference, on April 3, 1972, Richard Orton, Director of Head Start , sought to dispel fears that the Federal government had funded a less expensive "replacement".

> "We would like to change Head Start from a program with many centers to a center with many programs...if we are going to do this, we must find out what works, to the extent that it can be found out. We then will be able to present to the Head Start centers information about what does work in a way that permits them to choose wisely among the various alternatives possible... within that context, Home Start can very well be one of the many available program choices being developed to help parents and children. We do not visualize Home Start as a large program that will ultimately supercede Head Start."

In discussions in June, 1972, both Dr. Zigler and Mr. Jim Robinson, who replaced Mr. Orton as Director of Head Start, reaffirmed that Home Start was no "threat" to Head Start. "We've wasted years trying to find a panacea," said Dr. Zigler, "children are different; families are different... human ecology differs from place to place... We're going to have to finally deliver on this check we've been writing in the educational field for years and years, which is an individualized approach to children...kids need different things at different times... we are working toward centers with many programs that will provide children and families with individualized help if they need it."

Commenting on the future relationship between Head Start and Home Start, Dr. Zigler said, "What I envision is that we'll see a good number of combined programs in which Head Start has a Home Start component."

Mr. Robinson, Director of Head Start, elaborated on OCD's plans for Head Start and Home Start.

> We have a three year projected plan for Head Start. One aspect of the plan is the optional innovations. We want to make a variety of things available to Head Start, including home-based programs... We're developing the concept that Head Start should assess the individual needs of each child. We don't necessarily agree that every child needs to be in a center six hours a day. We expect that in the next few years a fair percentage of Head Start programs will choose to include a Home Start component.

The view in June, 1972, among OCD leadership is that home-based programs are and will be options for Head Start Programs. Mindful, though of possible cost differences between home- and center-based programs and the fact that governmental decision-makers must be cost conscious, many Head Starters are graciously, but warily, welcoming Home Start into their midst.

IV. EVALUATION

From its inception,there has been much discussion within Home Start about the role of evaluation in the new program. Discussion has swirled from those who see the program as primarily service, to those who see it as demonstration to those who see it as research. Clearly, Home Start is all three. Areas of disagreement have been over the relative importance of service, demonstration and research. Throughout the thought and discussion about the evaluation of Home Start, Dr. Ann O'Keefe, Program Director, and Dr. Esther Kresh, Project Officer for the evaluation , have worked closely together. In Dr. O'Keefe's words, "We want program and evaluation to work hand in hand from beginning to end, so that in this area also Home Start can be a national model."

Dr. Lois-Ellin Datta, Acting Director of the Research and Evaluation Division of the Children's Bureau of OCD, explains that in 1969 the Office of Management and Budget encouraged OCD to sponsor more experimental programs. Home Start is such a program. "In my view, said Dr. Datta, "the integrity of the study has first priority." The Home Start evaluation was designed to provide "honest and compelling evidence" about the processes, outcomes, costs and value of home-based programs

Though, from the earliest planning meetings, all connected with Home Start considered the evaluation important, there were differences of emphasis as to how important. Notes of a meeting in September report Dr. Zigler as wanting rapid installation of Home Start. Some felt it might be necessary to trade off evaluation for a service program, but this proved not to be the case.

Meeting with Dr. Kresh and Dr. O'Keefe in September, 1971, a small group of OCD staff and consultants worked to clarify the major questions to be addressed by the evaluation. It was agreed that effort should be exerted to avoid putting Home Start in direct competition with Head Start. The evaluation of Home Start was conceptualized to be in two phases. During the first six months of the program (or by June, 1972) evaluators should:

- "Observe the installation process..."
- "Provide some data on service delivery;"
- "Have communities over-recruit, to obtain a central group to compare Home Start with other services."

In the following year, evaluators should:

- "Observe the effects of the models themselves";
- "Assess the impact of the model on the child, and perhaps obtain some 'mother-as-teacher' information and discern parents' attitudes";
- "Continue monitoring the installation process and attempt to improve services if needed."

Three points were particularly noteworthy. First, the evaluation, from its inception, was to be broken into a descriptive and a summative component, Second, communities would over-recruit to get a control group. Third, the assumption in September, 1971, was that Home Start would resemble the Head Start Planned Variations Experiment: several discrete models would be tested.

Evaluation was raised as a major concern of the Home Start Planning Conference of October 21-22, 1971. The task force on evaluation, though it came to no definite conclusions or recommendations, generally supported the idea of a descriptive evaluation. In the discussions, questions about the methodology of the evaluation were linked to the fundamental purposes of the program. Said a participant,

> "If you're willing to go along with this being another child education project, I think you've had it; it's gone down the drain... But if you make social change a major goal of Home Start, then you implement it in a very different way from the ways that many of us have been talking about so far. Not only does it change the way you implement it in the different communities, it really makes the difference in the way you evaluate what happens.. Forget about control groups, for heaven's sake; you evaluate in terms of your community."

The Conference suggested that local groups determine their own goals and objectives.

Dr. Kresh assured the group that local goals and objectives would be a major component of the evaluation and said that there would be no control groups during the first year of the evaluation.

In November, 1971, a Home Start Evaluation Review Panel was convened, consisting of parents and professionals, which would oversee the development and operation of the evaluation. The Evaluation Review Panel made several recommendations, including:

- "That it was necessary for programs to address themselves to national goals and national criteria as well as local goals."
- "That a grant be given in which the grantee will help the projects and the national staff articulate the goals."
- "That the first year of the evaluation focus on the formative aspects of program development."

Following this meeting Dr. Kresh wrote a paper, dated November 9, 1971, "A Plan for the Home Start Evaluation Study" which detailed the evaluative strategy and formed the basis of the work statement of the Home Start Evaluation Study Request for Proposal of January 14, 1972. In her paper Dr. Kresh identified a number of questions "relevant to decision making."

" 1. For each project:

a. Is there evidence that it is addressing itself to national goals?

b. Is the quality of the project adequate to meet Head Start guidelines and other national criteria?

c. Is the quality of the services delivered equal to Head Start?

d. Is there evidence that the parents have improved their self-image?

e. Is there evidence that parents have improved as educators?

f. Is there evidence that children have had at least normal growth in their social, emotional, physical, and cognitive development?

g. Is there evidence that the project is meeting its specific local goals?

h. Can the process which brought about the changes be described?

i. In the development of the project what problems arose which served to hinder progress? What conditions existed which aided progress?

2. At the national level:

a. Can Head Start services be delivered less expensively through a home-based program with no loss in quality?

b. Can common elements be found across all projects which describe the process which brings about change?

c. Does Home Start enhance the parents' self-image?

d. Does Home Start enhance the teaching skills of parents?

e. Does Home Start enhance the social, emotional, physical and cognitive development of children?

f. Do parents who spend additional time in the program continue to improve their self-image and their skills as educators?

g. What are the effects on the siblings of the target child?"

Generally, the plan for the evaluation study followed the recommendations of the advisory groups who had worked during the fall. The first year would generally be documentation of start-up and service. The second year would be a summative assessment of changes in parents and children across the nation who were served by the Program. The aim of the second year study would be to gather national data. Evaluators would not be concerned with the changes or scores of individual children or parents. The thrust of the study would be to make a national assessment of Home Start effects. The third year would replicate the second year study, with the addition of a cost-effectiveness analysis.

The November 9,1971, evaluation plan called for comparison of Home Start children and parents with both adjunct Head Start children and parents and with a control group formed by advanced recruitment, not over-recruitment. Programs would recruit some families a year early, promising them service a year later if they participated in the study.

Dr. Kresh's paper concluded with a statement of a major issue in evaluation:

> "A major stumbling block to adequate communication between program personnel and evaluators has been the immediate concentration on and concern of program staff for the present problems of becoming operational. They have little time and little patience with the evaluators' additional request upon their already heavy burdens to plan now for the evaluation consequences a year, two, or three hence. The evaluators, on the other hand, untouched by the same pressures, are free to reflect on the necessity of producing convincing data as to the viability of the program over time which are based on adequate evaluation designs at the onset of the program.

It remains to be seen how and/or whether the Home Start experience will bear out these concerns.

In mid-December, 1971, an advertisement was submitted to the Commerce Business Daily requesting submission of qualifying statements regarding organizations' demonstrated evaluation capabilities, field staff, prior work for national programs and knowledge of early childhood education and research designs. Twenty-two of the 33 organizations who responded were selected to submit proposals to OCD.

Twelve proposals were submitted to OCD in February, 1972, and a panel consisting of Dr. Kresh, Dr. O'Keefe, an OCD Assistant Regional Director, several consultants and two National Head Start Ad Hoc Steering Committee parents reviewed the proposals and chose three finalists. Of these three, the High/Scope Education Research Foundation's proposal, with Abt Associates as a subcontractor, was chosen.

V. APPENDIX

- List of Documents
- List of Interviews
- OCD Organization Chart
- Working Paper
- Home Start Guidelines

OCD DOCUMENTS

	Material	
1.	Dr. Zigler's Testimony before Senate Budget Hearings	May, 1971
2.	Operational Plan	August 27, 1971
3.	List of invites for October Meeting	
4.	Meeting Report	September 3 & 8, 1971
5.	Evaluation Meeting	September 16, 1971
6.	Memo to discuss Home Start Working Paper	September 22, 1971
7.	Dissemination to ARD's	October 8, 1971
8.	Memo from Dr. Ann O'Keefe to Participants in October Meeting	October 8, 1971
9.	Memo from Dr. Ann O'Keefe to Participants in October Meeting	October 8, 1971
10.	Memo from Dr. Ann O'Keefe to Participants in October Meeting	October 15, 1971
11.	Memo from Dr. Ann O'Keefe to Participants in October Meeting	October 15, 1971
12.	Memo from Dr. Ann O'Keefe to Chairpeople	October 20, 1971
13.	Conference Agenda	October 21, 1971
14.	Opening Address - Dr. Zigler	October 21, 1971
15.	Meeting Highlights	October 27, 1971
16.	Proceedings	October 21-22, 1971
17.	Task Forces and List of Participants	October 21-22, 1971
18.	Status Report to Orton	November 2, 1971
19.	Selection of Sites Memo	November 2, 1971
20.	Status Report to Orton	November 2, 1971
21.	Zigler Publications	November 2, 1971
22.	Reactions to Working Paper	November 3, 1971
23.	Aftermath of Conference	November 3, 1971
24.	Revision on Selection Procedures	November 5, 1971
25.	Change in Target Dates	November 5, 1971
26.	Plan for Home Start Evaluation	November 9, 1971
27.	Publicity	October 29-November 12, 1971

28.	Minutes of HS Review Panel Meeting	November 12, 1971
29.	Regional Recommendations Memo	November 17, 1971
30.	Notes	November 15, 1971
31.	HEW Newsletter	November 19, 1971
32.	Guidelines	November 19, 1971
33.	Objective and Operating Plan	November 19, 1971
34.	Home Start Meeting Memo (December 9-10)	November 29, 1971
35.	Home Start Meeting Memo (December 9-10)	November 30, 1971
36.	Home Start Guidelines	December 3, 1971
37.	Meeting Agenda	December 9-16, 1971
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38.	Tentative Programs	
39.	Outline for Writing Proposal	December 8, 1971
40.	Update Information	December 18, 1971
41.	Information Forms	
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43.	Meeting to review HS Proposals	December 18, 1972
44.	Home Start Fact Sheet	December, 1971
45.	Review of Proposals from Candidate HS Sites	January 4, 1972
46.	Request for Proposal: Home Start Evaluation Study	January 14, 1972
47.	Status of Home Start Proposals	January 23, 1972
48.	Recruitment of Families into Home Start	March 21, 1972

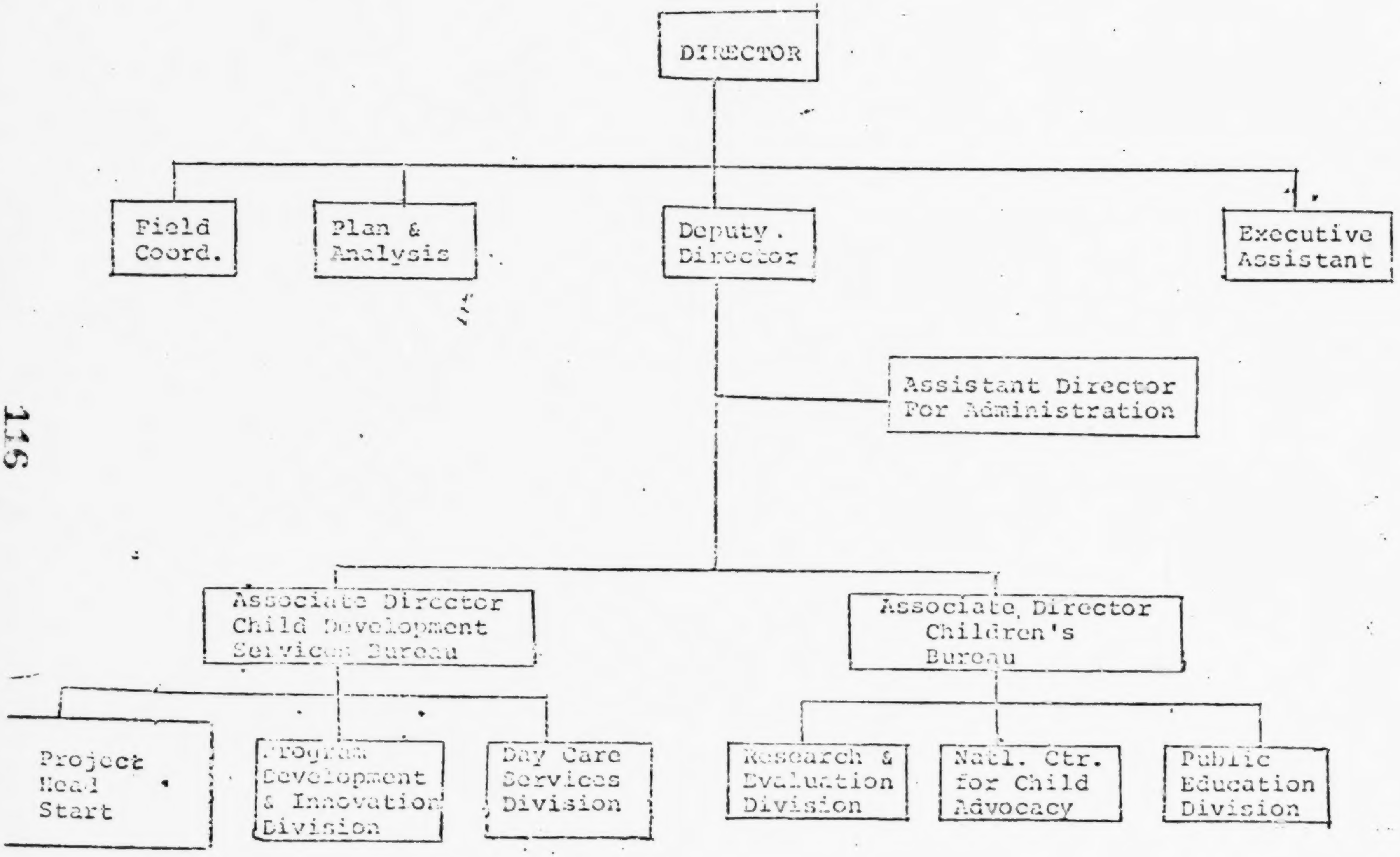
Interviews With National OCD Staff

1.	Dr. Edward Zigler	June 27, 1972
2.	Dr. Lois-Ellin Datta	June 27, 1972
3.	Dr. Esther Kresh	June 27, 1972
4.	Dr. Jenny Klein	June 27, 1972
5.	Mr. Jim Robinson	June 27, 1972
6.	Dr. Ann O'Keefe	June 27, 1972 and June 30, 1972
7.	Ms. Deria Moore and Ms. Florence Seguin	June 27, 1972

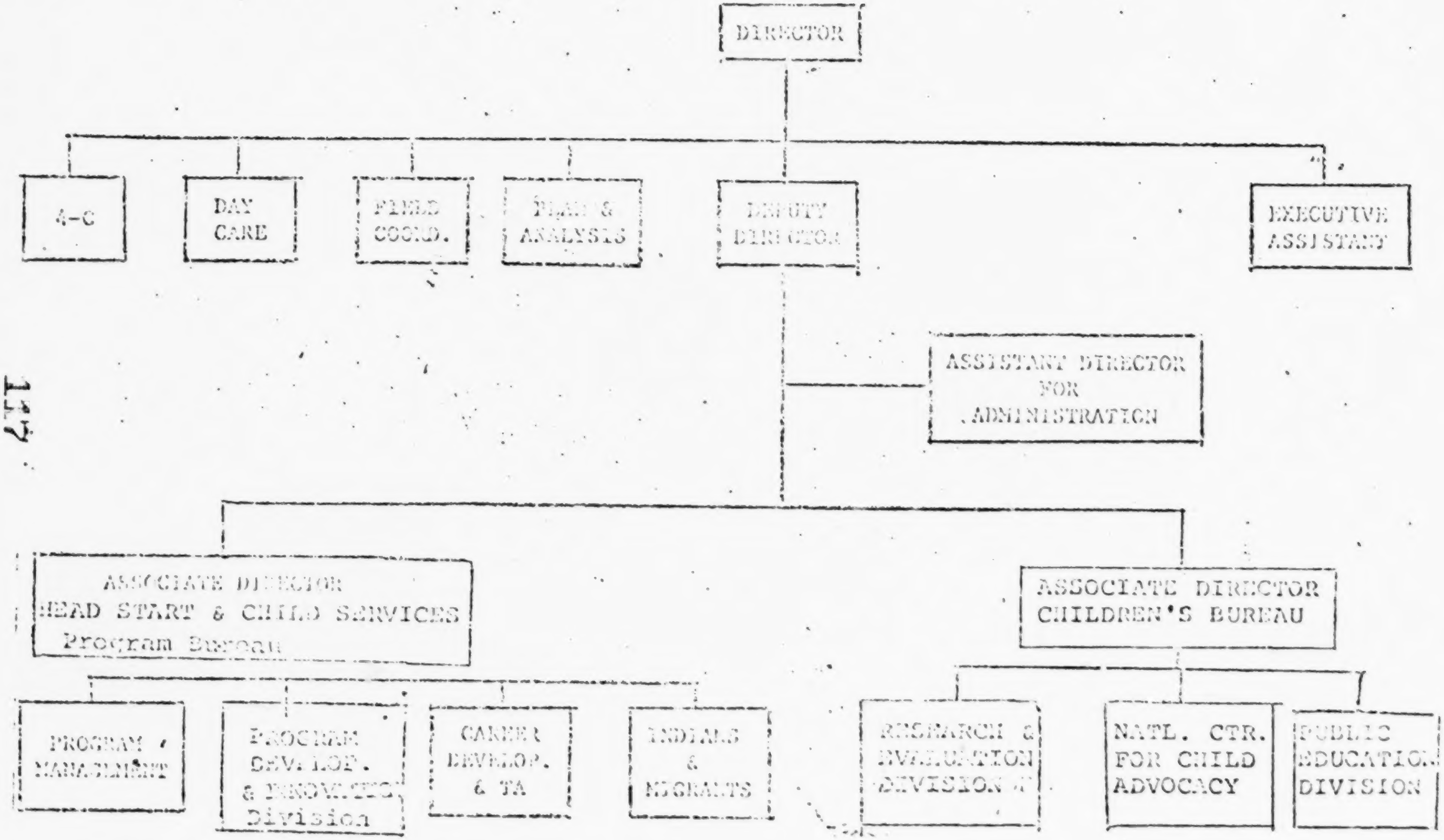
Telephone Interviews with Regional Home Start Representatives

1.	Ms. Caroline Gionta, Region II	June, 1972
2.	Dr. Paul Vicinanza, Region III	June, 1972
3.	Mr. James Shelton , Region IV	June, 1972
4.	Mr. Hilton Baines, Region V	June, 1972
5.	Ms. Margaret Emswiller, Region VI	June, 1972
6.	Dr. Jim Gage, Region VIII	June, 1972
7.	Ms. Pecita Lonewolf, Region XI	June, 1972
8.	Mr. Hank Aquirre, Region XI	June, 1972

PROPOSED OCD ORGANIZATION


DIRECTOR
Field Coord.
Plan & Analysis
Deputy Director
Executive Assistant
Assistant Director For Administration
Associate Director Child Development Services Bureau
Associate Director Children's Bureau
Project Head Start
Program Development & Innovation Division
Day Care Services Division
Research & Evaluation Division
Natl. Ctr. for Child Advocacy
Public Education Division

PRESENT OCD ORGANIZATION


DIRECTOR
4-C
DAY CARE
FIELD COORD.
PLAN & ANALYSIS
DEPUTY DIRECTOR
EXECUTIVE ASSISTANT
ASSISTANT DIRECTOR FOR ADMINISTRATION
ASSOCIATE DIRECTOR HEAD START & CHILD SERVICES Program Bureau
ASSOCIATE DIRECTOR CHILDREN'S BUREAU
PROGRAM MANAGEMENT
PROGRAM DEVELOP. & INNOVATION Division
CAREER DEVELOP. & TA
INDIANS & MIGRANTS
RESEARCH & EVALUATION DIVISION
NATL. CTR. FOR CHILD ADVOCACY
PUBLIC EDUCATION DIVISION

HOME START

A Working Paper

Prepared by Dr. Ann O'Keefe

September 22,1971

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HOME START

A Working Paper
Prepared by Dr. Ann O'Keefe

September 22,1971

I. INTRODUCTION

Several months ago Dr. Zigler announced a plan to initiate a "Home Start" program which would aim at bringing Head Start-type comprehensive services to children in their homes. Home Start was seen as an alternative to Head Start, presumably serving children similar in age and eligibility to children served by existing Head Start programs.

Over the past few months there have been a number of discussions about the goals and shape of the proposed Home Start program. In the past three weeks, intensive meetings involving the OCD staff, outside consultants (Dr. Ira Gordon, Dr. Earl Schaefer, Mrs. Marian Grayson, Mrs. Ruth Rucker, and Dr. Jackie Petersen) and Dr. Ann O'Keefe (acting Home Start program manager on "loan" from the Appalachian Regional Commission) have resulted in the following tentative suggested plans for Home Start.

The purpose of this working paper is to elicit reaction from OCD staff and selected consultants and to work toward obtaining a consensus regarding the objectives and implementation plan for Home Start.

II. A SUMMARY: WHAT HOME START WILL BE

Home Start is seen as an adjunct to existing Head Start(HS) and/or Parent-Child Center(PCC) programs, serving additional children of the same age(0-5) and eligibility as children currently served in the established programs. It is a home-based program which utilizes and develops the role of the parent as the first and most influential "educator" in his or her child's life. It provides some form of all the comprehensive services normally provided by existing Head Start and Parent-Child Center programs: educational, medical, dental, nutritional, psychological, and social.

There will be at least 15 Home Start programs in operation by the end of February, 1972, with at least one in each of the ten Regions, and one each especially for Indian and Appalachian children. Migrant, Mexican-American, and handicapped children, and children of working mothers will also be considered as possible special "target" groups, as will children who are cared for in day-care homes by a baby-sitter.

III. PROGRAM OBJECTIVES

- To demonstrate methods of delivering comprehensive Head Start-type services to children and parents for whom a center-based program is not feasible.

  Particular attention will be directed to the kinds of programs which might be feasible for the 8 million children below age 6 who live in non-metropolitan areas of the U.S.

- To determine the relative costs of center- and home-based comprehensive early intervention programs, especially in urban areas where both types of programs might be feasible.

IV. MINIMUM PROGRAM CRITERIA

The following minimum criteria are deemed necessary for Home Start programs:

- The program must be sponsored by an existing Head Start or PCC program.
- The program must attempt to enhance the cognitive development of participant children.
- It must provide nutritional services, either through provision of food or through nutritional and dietary information for parents.
- It must provide needed medical and dental care for children (whether by means of actual service itself or by referring children to other sources and following up on the referrals).
- It must provide necessary social services, including referral (and follow-up) of parents and children to agencies for family or job-related problems.
- It must provide needed psychological services or referrals and follow-up.
- It must have a plan for familiarizing parents with various approaches to child development, child-rearing,

and family management.

- It must have a plan for helping parents develop their role as their children's first and most influential educator.
- It must have a plan for coordinating and utilizing existing community resources on an as-needed basis.
- It must have a plan for recruiting, training, and supervising Home Start staff.
- It must have a plan for recruiting Home Start participants.
- It must be able to become operative by mid-February,1972.

V. PROGRAM APPROACHES

The various limitations for the first year of Home Start (such as time, money, and staff) lead us to suggest that the first year's program be based on as many known factors and existing community resources as possible. If adopted, this kind of planning would necessarily eliminate or reduce, during Year 1, programs which have never been demonstrated but, on the other hand, should help assure a successful first year of providing comprehensive services through Home Start programs.

A. The Education Component

The decision to plan the first year of Home Start around demonstrated programs suggests one of two courses for planning education components:

- Replicate model programs such as those of Ira Gordon, Phyllis Levenstein, Susan Gray, David Weikart, Glen Nimnicht, etc.
- Identify existing home-based programs or program plans and fund them as Home Start programs.

We recommend identifying existing home-based programs which are now or could become parts of Head Start programs, and promoting their further development by funding them as Home Start programs. One major reason for this recommendation is that the education components of the various home-based programs are beginning to converge, so that similarities in approach and content are more obvious than dissimilarities. One major concern in Home Start is demonstrating a delivery system---not a particular R&D program. However, we would strongly encourage candidate Home Start sites to draw upon the philosophy and techniques of several "models" which seem appropriate to their needs, and to seek technical assistance from experienced program operators.

1. Curriculum for Children

While most programs in the field are somewhat eclectic in their approach, we will encourage programs which have, to some extent, drawn upon the work and experience of researchers such as:

Dr. Ira Gordon
Dr. Earl Schaefer
Dr. Susan Gray
Dr. Phyllis Levenstein

Dr. Ronald Lally

Dr. Bettye Caldwell

Dr. Merle Karnes

Dr. David Weikart

Dr. Glen Nimnicht

The Appalachia Educational Laboratory

and program operations such as the ten cited as exemplary programs by Childhood Resources, Inc. (letter to Dr. Klein dated Sept.13,1971, pages 6-7) including:

Albina Day Care Homes--Portland, Oregon

Cooperative Extension Service, York County--Yorktown,Va.

Expanded Food and Nutrition Education Program/Extension Service, U.S. Dept. of Agriculture--Washington, D.C.

Jones Elementary School--Severna Park, Maryland

Parent-Child Center--La Junta, Colorado

Project Patrol--Gillett, Wisconsin

Project Bravo--El Paso, Texas

Verbal Interaction Project--Freeport, New York

Waterloo Cooperative School District--Waterloo,Iowa

Xavier University--New Orleans, Louisiana (Home Start)

2. Curriculum for Parents

Deeply embedded in the Home Start concept is the idea that the parent is the first and most influential educator and "enabler" of his or her own children. While Head Start aims at involving parents as one means of helping the child, Home Start aims at involving parents as the major means of helping the child.

It is recommended that parents be given an opportunity to learn at least:

- Various approaches to child-rearing and family management
- Various approaches to behavior management
- Ways of using elements of the child's typical environment--such as household articles, television, natural phenomena, magazines, grocery stores, etc.-- as teaching tools
- Ways to turn everyday experiences into constructive learning experiences for the child
- Ways of encouraging children's language development
- Specifics about health and nutrition
- Various resources in the community and how to use them.

B. The Nutrition Component

Good nutrition is a vital prerequisite for any child development program. In Home Start the nutrition component will be aimed primarily at helping parents make the best use of existing food resources, through food planning, buying, and cooking. However, when food is actually not available to a family, Home Start staff will make every effort to provide it, and to put the family in touch with whatever community organization can help on a regular basis.

C. The Health Component

Every effort will be made to provide health services through existing community resources. Home Start children should receive at least the same health services as Head Start children, but Home Start staff efforts will be directed more to securing service through referral follow-up. However, whenever possible, Home Start children will receive services from the sponsoring Head Start health resources.

D. The Psychological and Social Services Components

Home Start will try to provide needed services through existing resources within the sponsoring Head Start or community.

E. The Delivery System

It is recommended that we encourage proposals which permit a demonstration of several modes of home-based programs, such as:

- Home visitor visiting home of mother and child
- Home visitor visiting home of baby-sitter and her day-care children
- Home visitor with periodic group experience for children
- Home visitor and weekly group experience coupled with daily early childhood educational television program
- Children in small groups visiting a neighborhood home.

VI. SITE SELECTION

The recommended procedure is:

1. OCD identifies existing Head Start centers that have demonstrated a home-based program, or at least have already completed considerable planning for a home-based program.
2. OCD submits to each ARD the names of Home Start-type programs in his/her Region and asks the ARD to identify additional candidate Home Start programs, in line with Guidelines supplied by OCD.
3. OCD and the ARDs select one, two, or three candidate sites.
4. OCD and/or the ARDs and/or consultants make site visits to determine the actual capabilities of candidate sites for mounting Home Start programs.
5. OCD and each ARD invite one or two candidates from each Region to submit proposals for Home Start programs.
6. Hold meeting of all candidates to discuss Guidelines and plan proposals.
7. OCD staff and consultants review and revise proposals, if necessary, recommending approvals and disapprovals. (Note: we attempt to fund all proposals we invite.)

A. Minimum Criteria for Site Candidacy

o Have had a home-based program for at least 1 year or show evidence of extensive planning for a home-based program prior to September,1971

- Show evidence that existing program can be developed to meet minimum program criteria
- Show willingness to attempt to over-recruit children, so that a control group can be established by assigning children on a random basis---not a first-come, first-served basis
- Show evidence of local availability of health, psychological, and social services, and ability to provide these services on an as-needed basis
- Show evidence of availability of training and technical assistance in supporting and implementing the Home Start program

VII. TARGET POPULATION

A. Age

It is recommended that any child in the 0-5 age range meeting the Head Start economic eligibility requirements be a candidate for Home Start.

B. Family

Although Home Start will provide services to children, it is a program which emphasizes the parent's "educator" role. Further, program proposals which include target groups such as siblings or extended family members will not be discouraged.

C. Demographic and Special Populations

It is recommended that, even during Year 1, we include (and identify) children who are:

- Home-bound because of physical handicaps
- Home-bound because of geographic terrain
- Cared for in a baby-sitter's home
- Children of working parents

VIII. TRAINING

It is recommended that there be several workshops in central locations for all Home Start staff, so that there can be some common training and orientation during Year 1. (The procedures used by ESEA Title III for meetings might be appropriate, both at the proposal preparation and training stages.)

Each candidate will submit a training plan including content and method of the proposed training program,training personnel, and provisions for continued in-service.

Candidates will be encouraged to obtain assistance from representatives of program models such as the Toy Lending Library, and developers of home-based educational curricula (Karnes,Gordon,etc.).

IX. ADMINISTRATIVE STRUCTURE

A. The ARDs

It is recommended that the ARDs assist in locating demonstration sites (as described on page 9). The ARDs should be contacted as soon as possible to solicit their cooperation. It is proposed that each ARD receive, for his/her Region:

- Information on existing home-based programs which meet Home Start criteria
- A copy of all correspondence between OCD and prospective sites or programs.

The ARDs should be asked to add to the above information, and then to recommend one or more candidate sites as specified in Section VI.

B. Funding

Home Starts, during Year 1, will be funded through supplemental grants to existing Head Start (or PCC) programs. We want to become operational by mid-February,1972, and it is our understanding that awarding supplemental grants is the most efficient route for getting money to the field. (This is one reason for affiliating Home Starts with HSs and PCCs, rather than with other existing child care/educational/development agencies.)

Home Starts will be responsible for obtaining consultants from their funding, but OCD will attempt to provide necessary consultant help prior to grant awards.

The Home Start budget for FY 1972 is $1.5 million. This will provide approximately $100,000 for each of 15 programs. (It should be noted that some existing Home Start-type proposals call for considerably less than $100,000 by relying to some extent on volunteer help and existing resources.)

C. Scheduling of Years 1-3

It is recommended that Home Start be scheduled as follows:

Year 1:	February 1972-July 1973	(18 months)
Year 2:	July 1973-July 1974	(12 months)
Year 3:	July 1974-July 1975	(12 months)

XI. EVALUATION

By June 30,1972, a report will be prepared containing basic data on Home Start children and services and describing the process of installing Home Start programs. Preliminary recommendations are that during the first 6 months of the program (or by June,1972) evaluators should:

- Observe the installation process
- Provide data on service delivery
- Have communities over-recruit, to obtain a control group to compare Home Start with other services.

In the following years, evaluators should try to:

- Observe the effects of programs in relation to components, delivery system, and costs
- Assess the impact of the programs on the children and

obtain some information on parents' attitudes

- Continue monitoring the installation process and attempt to improve services if needed.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
P.O. BOX 1182
WASHINGTON, D.C. 20013

OFFICE OF CHILD
DEVELOPMENT

THE HOME START PROGRAM: GUIDELINES

December, 1971

First printing,December 1971
Second printing,March 1972

Prepared by Dr. Ann O'Keefe
Acting Home Start Program Director
(202) 755-7498

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THE HOME START PROGRAM: GUIDELINES

I. INTRODUCTION

In March, 1971, Dr. Edward Zigler, Director of the Office of Child Development (OCD), announced the development of a new program during Fiscal Year (FY) 1972. The program, Home Start, is a home-based program demonstrating alternative ways of providing Head Start-type comprehensive services for young children in their homes. Home Start focuses on enhancing the quality of children's lives by building upon existing family strengths and utilizing parents in their role as the first and most important educators of their own children.

There will be fifteen Home Start programs in operation throughout the country by mid-March, 1972. These programs will be adjuncts of existing Head Start programs or Community Action Agencies and will be funded by supplemental grants to the existing agency. Home Start programs will serve additional children in the same age range (3-6) and eligibility as children currently served in established Head Start programs.

Although each Home Start program will fulfill all the basic requirements described in these Guidelines, the programs may vary to meet local needs and characteristics.

II. HOME START PROGRAM OBJECTIVES

a. To involve parents directly in the educational development of their children.

b. To help strengthen in parents their capacity for facilitating the general development of their own children.

c. To demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.

d. To determine the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

III. HOME START PROGRAM COMPONENTS AND REQUIREMENTS

All Home Start programs must meet the following requirements.

1. The program must be essentially home-based, in contrast to center-based.
2. The program must be adjuncted to or sponsored by an existing Head Start program, Community Action Agency (CAA), or other agency which by law and regulation is capable of receiving a supplemental grant for Head Start. This agency will be the fiscal agent for the Home Start program.
3. The program must develop a local Parent Policy Committee based to the extent possible on OCD Head Start Regulation Number 70.2. In those instances where the grantee already operates a Head

Start program, it is encouraged that the Head Start Policy Council be enlarged to include Home Start representation.

4. The program must identify, coordinate, integrate, and utilize existing community resources and services (public, reduced-fee, or no-fee) on an as-needed basis to provide nutritional, health, social, and psychological services for its children and their families. Home Start proposals should include written statements from existing agencies that their services will be provided to Home Start families.

    a. Nutrition

    Good nutrition is a vital prerequisite for any child development program. In Home Start the nutrition component is aimed primarily at helping parents make the best use of existing food resources, through food planning, buying, and cooking. However, when food is actually not available to a family, Home Start staff will make every effort to provide it, and to put the family in touch with whatever community organization can help on a regular basis.

    Nutrition education must recognize cultural variations in food preferences and supplement and build upon these preferences rather than attempt to replace them. Thus, food items that are a regular part of the family's diet will be a major focal point of nutrition education.

b. Health

Every effort will be made to provide health services through existing resources---Federal, state, or local---to be paid for by these existing resources. Home Start children will receive the same health services as Head Start children, but Home Start staff efforts will be directed more to securing service through referral and follow-up. However, when no other source is available, Home Start will provide children with paid services.

Home Start will provide linkages with existing health services for the entire family unit on an as-needed basis, but cannot provide payment for such services.

c. Psychological and Social Services

Home Start will provide needed services through existing community resources or within the sponsoring Head Start program. These services will include referral and follow-up of parents and children to agencies for family or job-related problems.

5. The program must provide the services listed in 4. above when there are no existing resources for them in the community.
6. The program must help parents enhance the total development (including cognitive, language, social, emotional, and physical) of all their children.

Curriculum for Children

While most programs in operation are somewhat eclectic in their approach, programs may draw upon the work and experience of researchers such as Dr. Bettye Caldwell, Dr. Ira Gordon, Dr. Susan Gray, Dr. Rick Heber, Dr. Merle Karnes, Dr. Ron Lally, Dr. Phyllis Levenstein, Dr. Glen Nimnicht, Dr. Earl Schaefer, and Dr. David Weikart, and the research of some of the regional educational laboratories such as the Appalachia Educational Laboratory.

Whatever the educational program or philosophy of a Home Start, it should have a plan or system for developing individualized or "personalized" educational programs for its children.

Further, the education program---as well as all program components---must fit the needs of the locale by taking into account appropriate local ethnic, cultural, and language characteristics.

7. The program must develop and expand the role of parents as their own children's most influential educators.

Parent Program

Deeply embedded in the Home Start concept is the idea that the parent is the first and most influential educator and "enabler" of his or her own children. While Head Start aims at involving parents as one means of helping the child, Home Start aims at involving parents as the major means of helping the child.

Home Start programs must give parents (or parent substitutes and other appropriate family members) an opportunity to learn about:

(1) Various approaches to child-rearing

(2) Ways of using elements of the child's typical environment---such as household articles, television, natural phenomena, magazines, grocery stores, etc.---as teaching tools

(3) Ways to turn everyday experiences into constructive learning experiences for the child

(4) Ways of encouraging children's language development

(5) Ways to enhance children's social and emotional development

(6) Various possible effects of the interaction between parents, children, and other family members

(7) Specific information about health and nutrition

(8) Various resources in the community and how to use them.

8. The program must involve fathers (or father substitutes) as well as mothers (or mother substitutes) when possible.
9. The program must make provision for evening and weekend services to families.

10. The program must have a plan for recruiting, training, and supervising Home Start staff. This plan must include the use of trained paraprofessionals, parents, and volunteers. (See also Section VII.)

11. The program proposal must include a summary of a typical month's activities. If the program is already in operation, this summary should be based on an actual month's schedule.

12. The program must be willing to keep necessary records and participate in the evaluation study described in Section IX.

13. The program must be able to be operational by mid-March, 1972.

14. Programs are encouraged to provide career development opportunities for staff. For example, training of Home Start staff should qualify for academic credit, whenever possible. Trained Head Start parents should be considered for Home Start staff positions, and eventually trained Home Start parents should be considered for Head Start staff positions.

IV. THE DELIVERY OF HOME START SERVICES

Existing home-based programs have demonstrated a variety of systems for delivering services to children and their families, in their own homes. The national Home Start program will continue to explore a variety of delivery systems for comprehensive services, which may include:

1. Home visitor visiting home and working with parents and child
2. Home visitor, plus periodic group experience for children, coupled with daily early childhood educational television program such as "Around the Bend" from the Appalachia Educational Laboratory or "Sesame Street"
3. Home visitor visiting home and working only with parents or groups of parents.

All delivery systems must, of course, be developed to provide for all Home Start program components.

V. SELECTION OF HOME START PROGRAM LOCATIONS

As has been stated, for FY 72 there will be fifteen Home Start programs. There will be one demonstration Home Start in each of the 10 Department of Health, Education, and Welfare Regions, and, in addition, at least one each for Indian, Migrant, and Appalachian families.

The Indian and Migrant Programs Division of OCD will select the Indian and Migrant programs, and the Appalachian Regional Commission will select the Appalachian program. The two remaining programs will be selected by OCD Headquarters, based on nominations by Assistant Regional Directors (ARDs) for OCD who identify in their Region more than one suitable program for Home Start.

The following procedures apply to the selection of the fifteen Home Start programs for FY 72.

Action	Date	Responsibility
1. Call or write OCD Headquarters (Dr. O'Keefe, Mrs. Kapfer, or Miss Seguin) to indicate the person in each Region to whom Home Start responsibilities will be assigned, and who will be making site visits and selecting candidate programs. (202) 967-5073 or 967-2517	IMMEDIATELY	Each ARD or designee
2. Identify possible program locations in each Region, making no commitments to any program.	AS SOON AS POSSIBLE, TO ALLOW MAXIMUM TIME FOR PREPARATION OF PROPOSALS	Each ARD for his/her own Region; ARC for Appalachia
3. Call OCD Headquarters (Kapfer, Seguin, or O'Keefe) to indicate the candidate programs (and their locations) under consideration. There must be a reasonable balance between urban and rural programs and OCD Headquarters reserves the right to ask any ARD to consider another program location to achieve an acceptable balance, if necessary.	IMMEDIATELY, BEFORE A FIRM INVITATION IS ISSUED TO ANY PROGRAM LOCATION	ARDs
4. Make site visits to determine or assure actual capability of candidate to implement a Home Start. Use program requirements in Section III as a guide.	AS SOON AS POSSIBLE AFTER RECEIVING OCD HEADQUARTERS' APPROVAL OF PROGRAM CANDIDATES	Each ARD or designee. Must be the professional designated in Action #1.

Action	Date	Responsibility
5. Invite one or more candidate programs to become Home Start programs.	AS SOON AS POSSIBLE	Each ARD
6. Attend meeting in a central location to discuss proposal preparation.	WITHIN 2 WEEKS AFTER HOME START GUIDELINES ARE DISTRIBUTED	ARDs, staff from candidate programs, and OCD Headquarters
7. Write Home Start proposals.	PROPOSALS DUE IN OCD HEADQUARTERS OFFICE BY FINAL DEADLINE OF JANUARY 3,1972	Staff from candidate programs and any technical assistance an ARD can provide.
8. Submit proposals to ARDs.	DETERMINED BY EACH ARD, WITH JANUARY 3 DEADLINE IN MIND	Candidate programs
9. Determine which proposal will be submitted as the prime proposal from his/her Region and which (if any) will be submitted as a candidate for one of the two "additional" programs.	DETERMINED BY EACH ARD, WITH JANUARY 3 DEADLINE IN MIND	ARDs
10. Submit proposals to OCD Headquarters.	JANUARY 3--FINAL	ARDs
11. Review proposals and indicate requirements for revision.	WEEK OF JANUARY 3	One representative for each ARD, OCD Headquarters, and several consultants
12. Send proposals back to candidate programs for revision, if indicated.	JANUARY 7	OCD Headquarters
13. Send revised proposals back to OCD Headquarters.	JANUARY 21 (See NOTE in next column)	Candidate programs. NOTE: An ARD may require candidate program to send

Action	Date	Responsibility
		revised proposal through the ARD If so, ARD may impose a date prior to January 21 for receipt of revised proposal.
14. Notify ARDs and candidate programs of approvals.	JANUARY 28	OCD Headquarters
a. Begin process to effectuate grants	JANUARY 28	OCD Regional and Headquarters staff
15. Begin preparing for program--recruiting families and staff, training, etc.	JANUARY 31	Candidate programs
16. Tentative: plan and implement an orientation workshop for all local Home Start program staffs.	DURING FEBRUARY '72	OCD Headquarters, in conjunction with ARDs
17. Attend training meeting(s) in one or several central locations.	DURING FEBRUARY	Local program staffs, ARDs, and OCD Headquarters
18. Complete all recruiting, training, and other program planning.	MARCH 17	Local programs
19. Begin Home Start programs.	MARCH 20	Local programs
20. Monitor local programs.	PERIODICALLY	OCD Headquarters, via a monitoring arrangement or contract.

In sum, each ARD (or designated representative) will be responsible for selecting a Home Start site for his or her own Region. Each selection will be reviewed by a committee of representatives from each ARD, OCD Headquarters, and outside consultants. Any recommendations for proposal revision made by the review committee must be incorporated in the proposals before proposals will be approved.

Minimum Criteria for Candidacy as a Home Start Program

In order for a program location to be considered as a Home Start program, it must meet the following criteria:

1. Have had a home-based program for at least one year or show evidence of extensive planning for a home-based program prior to September, 1971.
2. Show evidence that the existing or proposed program can be developed to meet minimum program requirements described in Section III and family recruitment requirements described in Section VI.
3. Show willingness to participate in the OCD-funded evaluation study briefly described in Section IX and to be described in detail at a later date.
4. Show evidence of ability to coordinate and integrate existing health, nutritional, psychological, and social services and resources so that they can be provided on an as-needed basis.
5. Show evidence of availability of training and technical assistance in supporting and implementing the Home Start program.
6. Submit evidence (letter) from CAA, Head Start, or other agency indicating that it can and will serve as fiscal agent for the Home Start program.

VI. RECRUITMENT OF FAMILIES FOR HOME START

Each Home Start program must have at least 80 participant families. The program should give preference to families with larger numbers of young children. If 80 families are not actively enrolled within ninety days after the program begins, the budget will be reduced proportionate to the number of families and children enrolled, and the difference will be shifted to programs with greater capacity for growth.

A. Age and Economic Criteria

Current Head Start age and economic eligibility requirements must be met for at least one child in a Home Start family. Thus, the Home Start "target" child must be 3, 4, 5, or 6 years old. However, all younger siblings will also be served in the program and will be considered as Home Start children.

B. Additional Recruitment Criteria

As stated in Section VIII, it is planned that the Home Start programs funded in FY 72 will be funded for a three-year period, with second and third year funding contingent upon (a) the Home Start program's ability to meet the evaluation requirements briefly described in this section and Section IX and to be detailed later, and (b) availability of funds.

These evaluation criteria have implications for recruiting families into Home Start for FY 72.

1. If there is a number of potential Home Start families sufficient to double the size of the program in Year 2,

then at least 75% of the families recruited for Year 1 should be families which are likely to stay in Home Start for two years. This means that at least 75% of the families should have one or more children who will be of Head Start age for two years, or until September, 1974. NO CHILDREN SHOULD BE RECRUITED FOR YEAR 1 WHO WILL ENTER SCHOOL IN SEPTEMBER, 1972.

2. If 1. above is not feasible, then 50% of the families recruited should be families which are likely to stay in Home Start for two years, by reason of age of children.
3. For the second year of Home Start, programs will recruit twice the number of families to be served, and will randomly assign half the families to the second year program. The remaining families will serve as a comparison group for the second year of Home Start, but will be guaranteed a place in the third year of Home Start.
4. Clearly, the emphasis is on recruitment of Home Start families with younger children; during the first year, no more than 25% or 50% of the families should have children who will enter school in September, 1973, unless these same families also have children in the 2-5 age range.
5. If the mother in a Home Start family becomes employed and places her child or children in a day-care setting, the family may continue to receive Home Start services if it wishes.

6. Home Start programs should, where possible, over-recruit for Year 1, so that vacancies can be filled as quickly as possible when original families prematurely terminate for some reason.

VII. TRAINING OF HOME START STAFF

Programs must submit a staff recruitment plan and a training plan including content of proposed pre- and in-service training program, method of teaching the content, description of training staff or consultants, and provisions for continued in-service training. Local Home Start staff must attend national or regional Home Start Workshops, if such are offered.

In hiring staff for Home Start, such as Home Visitors, preference should be given to individuals from the area being served who are sensitive to the culture and needs of the participant families. However, the ultimate criterion is the individual's ability to further the objectives of the Home Start program.

Home Visitors who are part of a Home Start program should, where possible, be people who are:

1. from the same culture as families in the program
2. good listeners
3. knowledgeable about child development
4. knowledgeable about "people development"
5. knowledgeable about all program components (not just education).

In selection of Home Visitors, programs should emphasize attitudes, values, cultural, and language background rather than academic credentials.

VIII. ADMINISTRATION OF HOME START PROGRAMS

A. Funding

Home Starts will be funded through supplemental grants to existing Head Start programs, Community Action Agencies, or other agencies which by law or by regulation are capable of receiving a supplemental Head Start grant for a Home Start program. Home Start programs will be responsible for obtaining program consultants from their funding.

The Home Start budget for FY 72 is $1.5 million. Local Home Start programs will be funded at an approximate level of $100,000 for the first 12-month period. Home Starts funded in FY 72 will be funded for a second and third year, contingent upon compliance with evaluation and recruitment requirements stated in Sections VI and IX, and the availability of funds.

B. Relationship Between Home Start and Grantee or Applicant Agency

1. Proposals must describe the relationship between Home Start and the grantee agency.
2. Organizational lines must be indicated.
3. A letter from the grantee agency must be submitted indicating that it can and will serve as the fiscal agent for the Home Start program.

C. Budget

Program budgets must include categories, if appropriate, for:

Personnel[1]

Fringe benefits

Equipment

Supplies

- Consumable
- Non-consumable

Consultants[2]

Travel

- Local
- Non-local

Telephone, postage, reproduction

Training

Overhead, rent, utilities

Contingency fund

Information on funding Home Start programs will be sent to program candidates later, since the possibility exists that the requirement for in-kind contribution (which is usually 20% for Head Start programs) may be reduced for Home Start programs.

D. Scheduling of Home Start Years 1-3

Home Start will be scheduled as follows:

Year 1:	March 1972-July 1973	(17 months)
Year 2:	July 1973-July 1974	(12 months)
Year 3:	July 1974-July 1975	(12 months)

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[1] Program proposals must describe staff functions, necessary qualifications, and organizational lines of authority.

[2] Names, resumes, and rates of pay for consultants must be specified. OCD can identify possible consultants upon request by program.

IX. EVALUATION

By June 30, 1972, a report will be prepared by OCD Headquarters containing basic data on Home Start children and services and describing the process of installing Home Start programs.

OCD Headquarters has responsibility for planning, implementing, and funding the Home Start evaluation. Local programs are not required to expend part of their program funds for evaluation. A detailed evaluation plan is under development. In essence, this plan calls for making second and third year (continuation) funding of first year programs contingent upon the willingness of programs to turn from demonstration programs into programs that can be rigorously evaluated, as well as availability of funds.

The advantages of this plan are that:

1. Evaluation requirements are not criteria for first year funding, except for recruitment of families (as described in Section VI).
2. Programs have 17 months to work out the problems in their operations and to gear up for the major evaluation component.
3. When the rigorous evaluation is done, it will be done on programs whose operations are more likely to reflect accurately their philosophies, objectives, and plans.
4. The resulting evaluation/research study will be more likely to permit OCD to make inferences and decisions about Home Start-type programs.

SECTION II

PROPOSED SUMMATIVE EVALUATION

PROPOSED SUMMATIVE EVALUATION FOR THE PILOT YEAR OF THE NATIONAL HOME START PROGRAM

This report presents details of the summative evaluation procedures scheduled for tryout this fall in nine* of the 15 Home Start projects. The three sections of this report describe, first, considerations in selecting measures; second, the proposed measurement battery and related rationale; and third, the schedule of events for the autumn data collection. The coming year will be devoted to trying out the procedures and measures described in this report, so that they can be critically examined and revised to insure their adequacy when real data collection begins a year from now.

The overall Home Start evaluation design prepared by staff at the Office of Child Development incorporates three distinct evaluation components to obtain information needed for future national policy decisions about home-based programs. The three kinds of evaluation data, collected at six month intervals over a three year period, include program case studies, family outcome measures, and program statistics about families, staff, services, and costs. These three components are called the formative evaluation, the summative evaluation, and the information system, respectively. Seldom, if ever, has a major national early childhood program had such a comprehensive evaluation included as an integral part of the program, with such promise of useful information for many levels of users--including local program staff. For example, the evaluation is just over four months old but already has produced fifteen project case studies and a national case study totalling over 400 pages. These case studies will provide a means for exchanging information among the fifteen Home Start projects to promote a rapid flow of useful procedures that have evolved in response to common startup problems confronting the projects.

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*Huntsville, Alabama; Dardanelle, Arkansas; Wichita, Kansas; Gloucester, Massachusetts; Binghamton, New York; Cleveland, Ohio; Houston, Texas; Millsville, Utah; and Parkersburg, West Virginia.

The overall evaluation has another, larger, purpose in addition to serving some of the information needs of local projects. This purpose is to help national policymakers arrive at sound decisions about finding future home-based programs on a large scale. Of the three components, the summative evaluation will bear the primary burden of proof in this task, demonstrating either the effectiveness or lack of effectiveness of Home Start-type projects by documenting actual changes in parents and children across a wide variety of characteristics. The changes that will be sought are closely related to the objectives of both the national and local programs, assessed by a variety of measurement instruments.

The Home Start Evaluation is designed to continue throughout the three year life of the Home Start program. Two of the evaluation components, the case studies and information system, will be fully operational all three years. The outcome measurement component, however, includes a trial startup year before actually commencing evaluation in the second and third years. This was primarily done to allow local communities enough time to develop smoothly functioning programs before assessment starts, but it also has the important advantage of allowing a tryout of the outcome measures to insure their suitability for the program goals and families involved. Only 20 Home Start families per site will be administered the questionaires and measures this October, and neither Home Start nor control children will be included in the summative evaluation until it formally begins a full year from now. The entire summative evaluation will be critically examined as it is conducted this fall, and recommended changes for the following spring 1973 assessment will be presented in a report scheduled for February. Thus, there is ample time for suggested improvements to be incorporated into the final summative evaluation procedure, and interested persons are encouraged to communicate their recommendations to Dennis Deloria, John Love, or Sandy Clement-Murphy, at the High/Scope Educational Research Foundation, 125 N. Huron, Ypsilanti, Michigan 48197 (313-485-2000).

Considerations in Selecting Measures

In order to sensibly guide the selection of proposed measures, five general guidelines and five specific criteria were initially established. They are discussed briefly below, followed by the description of the proposed pilot year measurement battery in the next section.

General Guidelines. The first guideline was that no new measures would be scheduled for development as part of the evaluation effort. It is possible to distinguish studies which are intended to develop tests from studies intended to produce information for substantive decisions (Cronbach, Gleser, Nanda, Rajaratnam, 1972). The two kinds of studies must be designed differently for maximum effectiveness and efficiency, and in general yield less than optimal results when combined into a single study. This would argue against selecting new instruments, or promising but relatively undeveloped ones, in the hope of performing major treatment development as an integral part of the evaluation. In addition, adequate test development is a prohibitively expensive undertaking that is not within the available resources of this evaluation.

Second, some instrument development must be routinely anticipated for each of the measures in the proposed battery. Even though major test development is not feasible, nearly all of the measures considered for inclusion in the evaluation could profit from further development of a relatively minor and straightforward nature. For example, this may include something as simple as augmenting already existing normative data, or as complex as item revision and factor rearrangement. Such efforts could easily fit within the framework of the "pilot" year designed as part of the evaluation. If absolutely necessary, say if one of the proposed measures does not work out as expected based on analysis of the fall data, it would still be possible to substitute an entirely new measure for the spring data collection. It is hoped, however, that the process will be one of continuous refinement, rather than a series of major changes.

Thirdly, the rights of participants in the Home Start program must be respected by limiting the testing time for any individual to reasonable length. This suggests that the different measures used should be the shortest possible versions consistent with sound measurement practices. Moreover, it is not feasible to try and "zero in" on a particular trait in this evaluation by administering several different but overlapping measures of the trait in order to utilize, say, the multitrait-multimethod matrix technique (Campbell and Fiske, 1959).

Fourth, the measurement battery should be as simple and parsimonious as possible to insure the accuracy of data collected under different field conditions. Paraprofessionals will be used to gather data under conditions that would be trying even for seasoned professionals, such as in homes where there are many siblings to disrupt the focal child's involvement in the assessment situation. Many elaborate but otherwise good tests must be removed from consideration for this reason.

Lastly, single items should be individually interpretable, to the extent possible, regardless of any score or factor structure they were intended to be embedded in. One can never be sure that the reliability, validity, factor analysis outcomes, test ceilings and floors, etc., will hold up for the population in this project. This suggests that the safety factor of being able to interpret individual items as straightforward criteria might ultimately prove to be a very useful feature. The more simple and straightforward each proposed test is at the item level, the greater the probability of getting some interpretable results at the end of the project even under the worst circumstances.

Specific criteria. In reviewing candidates for inclusion in the proposed battery, five criteria were used to assess the suitability of measures. In order of importance, the measures must

- "appear" to measure stated national or local objectives
- be appropriate to the examinees' age and ability level
- be practical to administer
- have been used successfully in other major evaluations
- demonstrate good psychometric characteristics

Each of these criteria are discussed in turn below.
First, measures were carefully examined for item content to see if they "appeared" to measure traits related to the goals of the national or local project. The inspection of content was used as the primary evidence for validity because of a general lack of quantitative validity data for most of the measures. The following national goals were specified for assessment in the evaluation design prepared by OCD:

- focal child
    - cognitive growth
    - social-emotional state
    - physical health

- focal parent
    - childrearing practices
    - health and nutrition practices
    - "teaching" skills
    - knowledge of community resources
    - self-image

Local project objectives as obtained in the May 1972 case studies are presented in Figure 3. In general they fall into the broad categories specified by the national goals, but introduce many relatively specific statements of sub-objectives.

Second, if a measure appropriately fit one of the goal areas, its suitability for the Home Start population was examined. This primarily meant looking for the floor and ceiling levels to ensure an adequate 3 to 6 age range for focal children, but it also included an examination of procedures and format for ease of understanding by the children and parents.

Third, measures were scanned to determine if they were practical to administer. The most important criterion here was the overall time required by the test, but another very important one was the general suitability for administration by paraprofessional testers hired from the community. This eliminated any measurement technique that required formal credentials, including the better known individual IQ tests, projective tests, and depth interviews. Ease and clarity of scoring was another quality sought in the measures.

Fourth, major past uses of the measures were taken into consideration, with strong preference given to those used in other national evaluations. In actual practice, the search for measures began with those used in the national Planned Variation Head Start evaluation conducted by Stanford Research Institute. This was done to establish, insofar as possible, comparability of data between the two major evaluations of preschool-aged children currently being conducted by the Office of Child Development. This is especially appropriate since Home Start originated as an experiment within the overall framework of Head Start. In addition, this had the advantage of permitting the current effort to build upon a three year accumulation of experience and data in a project having many goals that are similar to goals of current evaluation. A report recently completed by the Huron Institute (1972) presents extensive information about the measures used in the SRI Planned Variation evaluation.

Lastly, measures that seemed satisfactory in regard to the four criteria mentioned above were examined for reliability, excellence of norms, method of construction, and suggestive results in other studies--in short, in all their important technical characteristics. Problems related to getting information about these characteristics are discussed in Appendix B. It might seem peculiar to examine such important features last, but if the measures fail to meet some of the more pragmatic criteria above there is no need to consider them further--high reliability notwithstanding. Moreover, as discussed in Appendix B, the published technical data were typically weak or nonexistent for applications such as the present one.

Pilot Year Measurement Battery

This section of the report will, first, list the procedures selected for the summative evaluation; second, present the relationships between program objectives and the three evaluation components, with emphasis on the measurement battery; and third, present some of the reasons for selecting these particular procedures for the trial phase of the Home Start evaluation. Technical summary descriptions of all the instruments are presented in Appendix A.

The instruments selected for the summative evaluation are as follows:

- Preschool Inventory (PSI)
- ETS Enumeration Test
- Denver Developmental Screening Test (DDST)
- Schaefer Behavior Inventory
- Inventory of Home Stimulation (STIM)
- 8-Block Sort Task
- Parent Interview
- Rosenberg Self-Esteem Scale
- Child Food Intake Questionnaire
- Height and Weight Measures
- Nutritional Status (using hair samples)

A matrix showing the relationship between Home Start objectives and these measuring instruments, is presented in Figure 1. Figure 2 contains a more complete description, in summary form, of the objectives that are being assessed by components of the measurement battery. These might be thought

FIGURE 1: MATRIX OF OBJECTIVES AND MEASURES

Objectives	Measures										
	1 Height & Weight	2 Nutrition Status	3 Food Intake	4 Parent Interview	5 Self-Esteem	6 8-Block Task	7 STIM	8 PSI	9 Enumeration	10 DDST	11 Schaefer
Health											
Normal growth	X										
Nutrition											
Balanced diet		X	X								
Psych-Soc. Services											
Awareness and use				X							
Education, Families											
Better "educators"						X					
Parenting skills				X		X					
Parent self-esteem					X						
Educational environment							X				
Education, Child											
Cognitive School readiness								X			
Number concepts									X		
Language						X				X	
Personal-Social Social behavior										X	
Task orientation											X
Extraversion											X
Tolerance											X
Motor, Gross & Fine										X	

FIGURE 2

OBJECTIVES ASSESSED BY THE MEASUREMENT BATTERY

Health Objectives

To improve the health and safety practices in the home (Parent Interview)

To improve the physical growth of the child (height and weight)

Nutrition Objectives

To improve the diet of the child (Child Food Intake Questionnaire)

To improve the nutritional status of the child (hair zinc analysis)

Psychological and Social Services Objectives

To increase the parents' awareness and use of services (Parent Interview)

Education Objectives (For Families)

That the parent becomes better able to orient her child toward the relevant dimensions of a learning task (8-Block Task)

That the parent learn to use feedback that is positive rather than negative and verbal as well as nonverbal (8-Block Task)

To improve parent's child-rearing practices (STIM)

To increase the number of "educational" experiences provided in the home (STIM)

Education Objectives (For Children)

To be better prepared for school in terms of general knowledge and basic concepts (Preschool Inventory)

To develop the following components of the number concept: counting, touching in order, matching the same number of objects, and matching the same order of objects (ETS Enumeration)

To show normal development in the use of language (DDST)

To further develop gross and fine motor skills (DDST)

To develop personal-social behaviors, such as helping with household tasks, overcoming shyness (DDST)

To develop greater task orientation (less distractability) as seen by the mother (Schaefer Behavior Inventory)

To become more social as rated by the mother (Schaefer Behavior Inventory)

To develop greater tolerance (less "hostility") as rated by the mother (Schaefer Behavior Inventory) of as a central set of objectives that, though not all-inclusive, would be in harmony with a wide range of local program objectives as well as representing the spectrum of national goals.

In considering objectives to be assessed by the battery, it was felt that it should encompass objectives that may not at this time be included in the listing of local objectives. In doing so, the national goals served as a guide since all program objectives should be consonant with them. There are other reasons why the objectives listed in Figures 1 and 2 do not represent a perfect match with the measurement battery--the local program objectives, in the case of many programs, are not yet complete and many of the objectives articulated at this point are not stated in unambiguous behavioral terms. Objectives such as "encourage self expression" do not readily suggest an assessment procedure since "self expression" remains undefined. In the case of objectives of this nature, the procedure has been to select as assessment procedure that would be recognized as being conceptually related to the stated objective where feasible. Figure 3 presents all the local objectives as identified by the case study interviews in May and June, grouped according to the four program components--health, nutrition, psychological and social services, and education. It will be noted that the case studies are indicated as applicable to a large number of the objectives. This is partly because of the purpose explicit in the case study procedure, i.e., when the case study interview determines what a program intends to accomplish, subsequent visits provide follow-ups to check on the attainment of the objective.

It should be pointed out that "assessment" has slightly different connotations when referring to the case studies than when referring to the measurement battery. The case studies represent a more informal review system based on in-depth interviews and self-reports. This is not to say that one assessment procedure provides any more of the "true" picture of the programs than the others. The three procedures should be thought of as complementary means of viewing the effects of Home Start.

Assessment of health component objectives. As Figure 3 indicates, the majority of objectives in this area are most suitably assessed through case study interviews and the information system. The effects of Home Start health services and referrals would be reflected on the quarterly information system

FIGURE 3

THE RELATIONSHIP OF LOCAL PROGRAM OBJECTIVES TO THE EVALUATION PROCEDURES

HEALTH

Objectives	Assessment
To identify health problems of children and their families--physical, vision, hearing, speech, developmental	Information system
To coordinate existing services available to children and families	Case study
To refer families to appropriate health services	Information system
To familiarize families with family planning and birth control clinics	Case study
To acquaint families with health care needs, good health habits, first aid techniques, and safety procedures in the home	Parent Interview
To improve sanitation conditions of children and families	Case study
To establish and maintain health records on children	Information system
To provide medical and dental checkups and followup services to children and families	Information system
To provide immunizations, chest X-rays to children and families	Information system

NUTRITION

Objectives	Assessment
To assess nutritional needs of each family member and provide direct services or referrals where appropriate	Information system & Case study
To provide information to parents on nutrition, feeding the very young child, food buying, food preparation, food cooperatives, food handling and storage, consumer newsletters, involving children in the learning experiences in cooking, tasting, food preparation	Case study, Child Food Intake Questionnaire, & Analysis of hair samples

FIGURE 3 (CONT'D)

THE RELATIONSHIP OF LOCAL PROGRAM OBJECTIVES TO THE EVALUATION PROCEDURES

PSYCHOLOGICAL AND SOCIAL SERVICES

Objectives	Assessment
To identify existing developmental, psychological, and social problems of children and families	Case study
To refer to appropriate agencies	Information system
To make parents aware of existing social and psychological services--employment services, housing, drug counseling, training, psychotherapy, diagnostic testing, etc.	Parent Interview
To help parents identify their own needs and seek services on their own where possible	Case study
To offer transportation to and from resources and clinics	Case study & Information system
To provide a much needed social outlet to families in isolated communities	Case study & Information system

EDUCATION (For Families)

Objectives	Assessment
To provide parents with tools and information necessary to become better educators of their children	Case study, Parent Interview, & 8-Block
To improve parents' knowledge and understanding of early childhood developmental tasks and responsibilities	Case study
To use the home setting as an educational environment conducive and stimulating to growth and exploration	STIM
To identify materials in the home that can be used for toys and games	STIM
To operate parent workshops and toy lending libraries where parents can make their own educational materials	Case study

FIGURE 3 (CONT'D)

THE RELATIONSHIP OF LOCAL PROGRAM OBJECTIVES TO THE EVALUATION PROCEDURES

EDUCATION (For Families)

Objectives	Assessment
To increase the ability of parents and children to use existing resources (time, space, money, energy, physical vigor) to their advantage	Case study
To become aware of the unique educational resources in their communities--libraries, stores, farms, animals, fields	STIM, Parent Interview
To give parents support and praise in their parenting roles	Case study
To provide techniques for handling "misbehaviors"	Case study
To help parents encourage independence and responsibility in their children	Case study
To help parents enjoy their children more	Case study
To encourage family interactions	Case study
To preserve the culture, language, pride, and human dignity of families	Case study & Self-Esteem Scale
To provide parents with new experiences	Case study, Parent Interview
To provide socialization opportunities for parents	Case study, Parent Interview
To increase parents' understanding of child's capabilities and limitations	Case study

EDUCATION (For Children)

Objectives	Assessment
To develop curricula best suited to child's environment	Case study
To develop awareness of child's culture	(not assessed)

FIGURE 3 (CONT'D)

THE RELATIONSHIP OF LOCAL PROGRAM OBJECTIVES TO THE EVALUATION PROCEDURES

EDUCATION (For Children)

Objectives	Assessment
To increase attention span	DDST, PSI
To help children cooperate and share	Related to Schaefer items, DDST
To develop good self-concepts	(not assessed)
To provide children with a wide range of materials found in the home to stimulate growth and development	STIM
To help children develop self-control so they can manage and feel comfortable with their feelings	Related to Schaefer "hostility" items
To encourage independence of children, help them accept realistic responsibility	DDST, Case Study
To stimulate curiosity, questioning, exploration	DDST, Case study
To provide a knowledge of labels, colors, counting, tying, zipping	PSI, DDST
To sharpen perceptual discrimination	PSI, DDST
To develop language skills, ability to listen, vocabulary	DDST
To develop manipulative skills; engage child in muscular and motor development	DDST
To encourage self expression	DDST
To develop problem-solving skills	PSI
To promote use of and refine the senses--tasting, seeing, smelling, touching, skills of discrimination and differentiating	DDST
To provide experiences with simple number concepts, measurement concepts, position in time and space concepts	ETS Enumeration
To encourage children to seek help from their parents	Parent Interview

reports--number of innoculations given, physical examinations arranged for, etc. Most of the program objectives, in fact, are objectives for service delivery and do not specify outcomes. Presumably, the purpose of the services is to improve the general health and physical development of the child. Complete physical examinations would be beyond the scope of the evaluation effort, but there are several key indices of health status that can be gathered relatively inexpensively.

If information is not obtainable from the local Home Start program records on the health status of the focal children, some basic assessments can be made. A minimal indication of physical growth can be obtained by recording the height of the children, height of parent, and rating the child as underweight, normal, or overweight. An abnormal rating on any of the sectors of the Denver Development Screening Test (see assessment of education component objective for children) might be indicative of health or physical problems, so children falling in this range will be referred to the program for more complete diagnosis and treatment.

Assessment of nutrition component objectives. As in the health area, local nutrition objectives are concerned with the delivery of services and information, with the assumption that an impact on the child will necessarily follow. To a certain extent these services will be reflected in the information system, e.g., providing vitamins and nutrition education. An assessment of the child is necessary, however, since a Home Visitor may record that vitamins, advice on menus, recipes, and so on are provided, yet there would be no assurance that the child took the vitamins or that the family's diet was modified. One technique for obtaining an estimate of family diet is to ask the parent to indicate what foods were consumed on the preceding day. This is admittedly a rough estimate, but the Child Food Intake Questionnaire provides an easily administered means of getting this information in a brief period of time.

A rapid index of the child's nutritional status may be obtained by collecting a 1-gram sample of hair from the child. This can be analyzed for zinc content to provide an indirect protein analysis (Hambidge, Franklin, and Jacobs, 1972; Hambidge, Hambidge, Franklin, and Jacobs, 1972).

Assessment of psychological and social services objectives. Whether or not the program provides a service will be indicated in the case studies, or will appear in the information system. Whether the parent actually becomes more aware of available services, and in fact makes use of community resources, must be determined through an interview. The Parent Interview is being designed, as much as possible, to discover what the parent has done as a consequence of the services provided by Home Start.

Assessment of education objectives for families. Here again, objectives related to service delivery (e.g., to operate parent workshops) can best be assessed by the case study reports. In some cases a service objective has an obvious implication for impact on families so, for example, the objective "to provide socialization opportunities for parents" implies "parents have more socializing experiences." In this form, such objectives will be assessed by means of the Parent Interview.

In terms of impact on the families, the education objectives can roughly be classified into three groups: those concerned with modifying the child's home environment, those affecting parent-child interactions (parenting skills, teaching style, etc.), and those affecting the parents themselves (e.g., self-esteem). The reasons behind the selection of procedures for assessing these three aspects of family impact will be discussed in order.

Numerous procedures have been developed for assessing the home environments of young children. All involve a combination of observations in the home and detailed questions asked of the mother. The following instruments, some of which have roots back to the early work of Dave (1963) and Wolf (1964), have been examined to determine whether they might be used in their present form or be easily adapted to the Home Start evaluation.

- Cognitive Home Environment Scale (CHES), (High/Scope Educational Research Foundation)
- Inventory of Home Stimulation (STIM)--145 items (3 to 6 years) and 72 item form (infant) (Children's Center, Syracuse University)
- Parent Involvement Questionnaire (MIDCO Educational Associates)
- Head Start Parent Interview (Stanford Research Institute)
- Follow Through Parent Interview (Stanford Research Institute)

- Parent Child Center Interviews (Center for Community Research)
- Maternal Behavior Inventory (Schaefer & Aronson)
- Home Environment Review (University of Florida)

In examining the items on these inventories and interviews, some guidance was available from previous research as to the variables that are most important to assess. In a longitudinal study in which the home environments of preschool-aged children were assessed using the CHES (Weikart, Deloria, Lawser, and Wiegerink, 1970), two home variables were significantly related to first grade California Achievement Test scores--availability and use of educational materials, and educational toys provided. None of the home environment variables assessed at the time the child was in preschool were significantly correlated with second or third grade achievement scores. Beckwith (1971) observed mothers interacting with their seven- to 11-month-old infants at home. In addition to the observations, she asked the mothers a series of questions about the infants' experience with places and people other than the home and parents. She found that the children's "social experience" score based on these questions was significantly correlated (.57) with their Cattell IQ.

Wachs, Uzgiris and Hunt (1971) used an interview/observation form based on the Inventory of Home Stimulation. The children in their study ranged in age from 7 to 18 months. They found two kinds of home-environment variables to be most consistently related to psychological development.

- The intensity of stimulation and variety of change in circumstances to which the infant is exposed
- The opportunity to hear vocal signs for specific objects, actions and relationships.

The "variety of change" found by Wachs et al., appears to be similar to the "social experience" factor in Beckwith's study. The generalizability of the last two studies may be somewhat limited since the children were younger than Home Start focal children.

Unpublished data from the Ypsilanti-Carnegie Infant Education Project conducted by the High/Scope Foundation suggests yet another important dimension. In that study, variables that might be labeled anxious involvement with child, intrusiveness, and fostering dependency were found to be negatively correlated with later Bayley and Binet scores.

Information on the reliability of these inventories is scarce. One would expect, however, that such variables as noise level in the home would have low inter-rater agreement. Wachs et al. assessed reliability during pilot testing and simply reported that items with less than 75% inter-observer agreement were not used in the study. No reliability information has been found on the other measures.

On the basis of practically no reliability data and limited information on the relationship between home environment variables and child outcomes, a modified version of the Inventory of Home Stimulation will be used and refined on the basis of the fall pilot data. It is comprehensive and is currently being used in other research, but since it is unnecessarily long, approximately 40 items have been selected for tryout. After analysis of the fall data further shortening may be possible by deleting items that clearly appear to bear no relationship to child outcomes. In addition to the STIM items, questions from other research studies that appear to tap important characteristics of the home environment or parent attitudes toward the program, are being incorporated into the Parent Interview.

The second group of objectives for the family is related to parent-child interactions. The Home Start program specifically seeks "to involve parents directly in the educational development of their children," and "to help strengthen in parents their capacity for facilitating the general development of their own children." In addition to this as a reason for assessing parent-child interaction, there is information from previous research that the mother's "teaching" behavior is highly related to the child's cognitive development.

Much of the previous research on maternal behavior has been oriented toward the analysis of social class differences. The reason for this is the (often implicit) assumption that the social class differences found in child outcomes may be a function of social class differences in home environment or parent-child interaction. At any rate, two sets of findings provide some guidance for determining the assessment areas:

- Maternal behavior variables that differ by social class
- Maternal variables that have been found to be related to child outcomes

A factor taken into account in selecting the measures of parent-child interaction was the observability of the parental behavior. To as great an extent as possible it was felt desirable to rely upon observation of actual behavior, albeit in a contrived situation, rather than the parents' reports about their behavior.

One of the most extensively used procedures for assessing mother-child interaction in a teaching context is the 8-Block Sort Task developed by Hess and Shipman (1965) in connection with their study of maternal socialization of cognitive behavior in young children. This task has been employed in the evaluation of Planned Variation Head Start and in the ETS-Head Start Longitudinal Study and has been subjected to extensive analyses (e.g., Brophy, 1970; Hess and Shipman, 1965; Hess, Shipman, Brophy and Bear, 1968; 1969; Wiegerink, 1969).

Hess (1970) has summarized results from the 8-Block Sort Task in the following ways:

In terms of teaching style, middle-class mothers were more likely

- to provide an orientation to the task for the child
- to request verbal feedback rather than physical compliance
- to be specific in their instructions
- to use more explicit and implicit reward
- to provide the child with information he needed to complete the task and to monitor his performance.

The difference between groups is not that one group of mothers is more or less controlling, but that the type of control varies:

- lower-class mothers are more oriented to the power inherent in their status as parents and to imperative-normative appeals rather than to rationales.

Maternal behavior affects child behavior

- maternal teaching styles and use of imperative-normative control techniques were related to the child's IQ, sorting behavior and concept development.

In another report based on the same project, Brophy (1970) analyzed two aspects of the mothers' teaching behavior: verbalization of labels to describe relevant attributes of the blocks, and "focusing" behavior, or drawing attention to the relevant attributes and making them more salient (e.g., pointing to marks, asking child to look at top of block, hand motions indicating height, placing two contrasting blocks together and pointing). Brophy found that middle class mothers spent more time on initial orientation, focused attention on salient block attributes more, and to a greater extent used labeling during the pre-response instruction in order to specify the response process for the child.

Another carefully designed observation procedure with similar goals has recently been developed by Bee and her associates (Bee, Van Egeren, Streissguth, Nyman and Leckie, 1969; Streissguth and Bee, 1972). Bee, et al. (1969) observed maternal and child behavior in both structured and unstructured situations. The structured setting was a problem-solving situation in which the four-year-old child was given a set of blocks and asked to build a house just like a model. The mother was told to do whatever she thought would help the child do his best. The unstructured setting was a waiting room at the university where the mothers were bringing their children for testing; their spontaneous interaction was observed for 10 minutes.

In Bee's unstructured setting the lower class mothers were more disapproving and controlling than middle class mothers. In the problem-solving task the lower class mothers were more likely to intrude physically into the child's house building; they used higher rates of negative feedback, and more specific and concrete suggestions than middle class mothers. In summarizing these results, Streissguth and Bee (1972) listed four dimensions as being of greatest interest:

- the form in which suggestions were given, whether declarative or interrogative

- the specificity of the suggestions

- the nature of the feedback

- the extent to which the mother became physically involved herself in the task

Streissguth and Bee also reported that maternal behaviors involving the form of suggestions and the nature of feedback were related to the child's successful performance on a battery of cognitive tests. They were careful to point out, however, that in this, as well as in other studies of this nature, a causal connection cannot necessarily be inferred from such relationships.

At the University of Florida, Olmsted and Jester (no date) have used an adaptation of the 8-Block Task to assess maternal teaching styles. They found several variables to differentiate between the styles of middle and lower socio-economic status (SES) mothers. Consistent with other studies, they found:

- middle SES mothers provided a more detailed introduction to the task, giving more information about the attributes

- middle SES mothers corrected the child more for mistakes and were more likely to accompany corrections with explanations

  middle SES mothers, in contrast to lower, used positive control almost exclusively

- middle SES mothers and children spent more time talking

Two studies from the DARCEE project have reported findings that are basically consistent with the above studies using a procedure similar to that of Bee et al. in that the mother did not have to be taught a sorting task (shapes in various arrangements were presented in picture form to the mother and she was instructed to get her child to place corresponding objects into the same arrangement). The DARCEE studies also differ from the others in that SES differences were not examined; instead, the question of interest was whether various treatment groups (in a home visiting program) and comparison groups differed in the degree of change in teaching behavior over the course of treatment. These two studies, then, are similar in design to the Home Start evaluation.

In the first study, Barback (1970) found that the group in which mothers were involved in cognitive activities with their children was significantly different from other treatments and controls in that during the task they:

- asked fewer questions
- gave more information
- gave more nonverbal positive feedback
- gave a smaller proportion of nonverbal responses
- gave more positive feedback (total of verbal and nonverbal)

In the second study, Barback and Horton (1970) analyzed only verbal behavior. The treatment group showed pretest to posttest changes in that:

- the number of cue label responses increased
- the number of negative feedback responses decreased

A more detailed comparison of studies of maternal teaching style in a structured mother-child interaction task is beyond the scope of this report. However, these brief summaries reveal that, in spite of differences in experimental design, subject populations, specific procedures followed, and scoring categories employed, there is surprising consistency in the results. On the basis of these results, then, any investigation of maternal teaching style should analyze at least

- the orientation (instructions) mother provides for the child
- the specificity of information given during teaching
- behavior modification techniques (positive and negative feedback)

The assessment of mother-child interaction in Home Start will employ the 8-Block Sort Task. The fact that the mother is first trained to a performance criterion, in contrast to some of the other procedures, may serve to make the results more comparable across mothers. One feature of interest in these results is that a large portion of the important maternal behaviors are **verbal.** Thus, in the Home Start evaluation the task of the tester can be reduced by employing cassette tape recordings of the mother-child teaching sessions that can be analyzed at a later time (this will also permit the assessment of coding reliabilities for the verbal categories). The tester can then focus on coding nonverbal behavior (e.g., number of block placements by child).

The 8-Block has been used both in the evaluation of Planned Variation Head Start and the ETS Longitudinal Study. The ETS study has reported reliabilities only for the analysis of whether the child learns the task. The estimated reliability (alpha) for placing the blocks correctly was .55; for total verbalization alpha was .86 (Shipman 1971). An inter-observer reliability study was conducted by SRI and the Huron Institute in connection with the Planned Variation Head Start evaluation. Two sets of observers were used: in one instance twenty mother-child interactions were scored by two paraprofessional observers and in the other case three observers (two paraprofessionals and one professional) simultaneously scored eight mother-child interactions. For the post-task test there was perfect agreement among both sets of observers on the total score, the placement score and the verbalization score. Reliabilities of total category frequencies for the maternal teaching variables were estimated by the correlation coefficient and by r's derived from the repeated measures analysis of variance. The median reliability for eight categories coded during the orientation phase was .75 by the first method and .70 by the second. The median reliability for 14 variables coded during the training phase was .95 by both methods. The correlations for the same variables were much lower for the three observers of eight children than for the two observers of 20 children (Huron Institute, 1972).

An obvious limitation of any structured interaction situation is that the mother's behavior in the presence of the observer may not be typical of her day-to-day behavior. The method is thus subject to bias, but this source of bias is judged to be preferable to the possible distortions from self-reports. As Lytton (1971) expressed it in a recent review,

> the closer the researcher gets to the actual behavior and events the more faith he will have in the data, and this means essentially that observation should replace or supplement secondhand data. Yet, observation itself is far from free of distortion.... (p. 678)

The broad area of improved "parenting skills" is an important part of the Home Start objectives. These are extremely difficult behaviors to measure, however, without extensive in-the-home observations. Sara Smilanski (personal communication, 7-28-72) has attempted to assess these by having parents rate their own parenting skills. She found these self-ratings to be essentially useless because (a) there was a strong tendency for the reported changes to be simply in the direction in which the program told the parents they were to change, and (b) there was no relation between what parents reported doing and what they were actually observed to do in the home. Since this is such an important goal of HOme Start, however, it is felt that some attempt must be made to assess it. There will be, then, questions on the Patent Interview that elicit information about how the mother handles certain child-rearing situations.

The third group of educational objectives for families has to do with the impact of the program on the parents themselves. Although Home Start programs may not aim specifically at improving the self-esteem of the focal parent, it is assumed that the goal of enhancing the parent's "enabling" skills, if achieved, would be reflected in the attitudes and feelings of the parent about herself. Several considerations led to the selection of the Rosenberg Self-Esteem Scale.

- it seems possible to obtain responses from parents with limited educational backgrounds (Rosenberg's scale was standardized on high school juniors and seniors)

- it is easy to administer--and can even be self-administered--and is very brief, which is desirable because of the extensive interviewing and testing required for other measures (Rosenberg's scale contains only 10 items and can be administered in two to three minutes)

- there is some evidence of good reliability and validity

With respect to reliability, Rosenberg (1965) reported high internal reliability (92% reproducibility coefficient and 72% scalability coefficient) and test-retest reliability of .85. With respect to validity, Rosenberg found a strong relationship between the Self-Esteem Scale and a scale of "depressive effect," a "clear, though imperfect," relationship with anxiety and a significant association with choice as class leader in a sociometric study.

Other objectives for parents center on their development in terms of gaining new experiences and using community resources as mentioned above. Questions of the Parent Interview will focus on this aspect of Home Start's impact.

Assessment of education objectives for children. All objectives related to the development of the Home Start focal child have been classified by the programs under the term "education" in the broad sense. For convenience, they will be grouped into the traditional areas (cognitive, social-emotional, motor) for discussion of their assessment. The overall picture can best be seen in the matrix in Figure 1.

The search for adequate means of cognitive development was guided to a great extent by the desire to provide comparability with the Head Start evaluation in this important area. The Preschool Inventory is being used in both the Planned Variation Head Start evaluation and in the ETS-Head Start Longitudinal Study.

ETS has used the 1970 revised edition (64 items). Their findings indicate a reliability (alpha) for 1467 cases of .92 (Shipman, 1971). In the standardization sample K/R-20 reliabilities ranged from .86 for three-year-olds to .92 for children aged 5 years, 6 months to 6 years, 5 months (Buros, 1972). On the basis of a reliability study conducted with the Head Start population, the Huron Institute (1972) has reported test-retest reliability coefficients of .83 and .95 for two paraprofessional testers. Shipman also reported that the mean total scores increased regularly from one age level to the next in the range from three-and-one-half to five. There has been some concern about the fact that there is a definite ceiling to the test. Data from an ongoing evaluation of a prekindergarten program in the Columbus, Ohio public school (Howard Merriman, personal communication) indicate that for the 32 items included in the version to be used in Home Start, the proportion of five-year-olds (N=4710) passing each item at the end of treatment ranged from .37 to .95. The median proportion for the 32 items was .78. Data from North Carolina on about 5000 children representing a more rural population indicated a range of proportion passing from .20 to .99. The median percentage was .685.

Although designed essentially as a measure of school "readiness," predictive validities with school achievement as the criterion are not yet available. Concurrent validity coefficients with the Standford-Binet, however, range from .39 at the three-year level to .65 at the five-year level (Buros, 1972).

Language development is an extemely important variable when one is considering the potential impact on the child's future experience in school, and is justifiably included in the program objectives. Because it is so important, an extensive search of available language assessment procedures was conducted. It was particularly hoped that an index of expressive language could be found. Unfortunately, as Cazden (1971) among others has pointed out, child language is especially subject to the influence of the data gathering conditions. An extensive series of in-the-home recordings of "natural" language is simply not feasible both from the standpoint of data collection and data analysis. "Tests" of expressive language, on the other hand, are severely limited in terms of the sample of language obtained. The data are largely restricted to vocabulary items elicited from the child by the use of pictures of objects. The Denver Development Screening Test, selected primarily for other reasons (see below) yields a language subscore. Although the number of items is small for the age range under investigation, at least a gross indication of language functioning can be obtained.

In an attempt to broaden the assessment battery in the cognitive area some recent developments aimed at assessing cognitive development in a more Piagetian sense have been examined. A very recent report by Kaufman and Kaufman (1972) indicated that reliable and valid Piagetian measures can be developed. The validity, however, was determined by correlation with subsets of the Stanford Achievement Test ($\underline{r}$'s ranged from .53 to.64). Since these predictive validities are on the same order as those obtained with

Standard IQ tests (such as the Lorge-Thorndike and the Standford-Binet), it is not clear what is gained by the fact that the battery was "Piagetian." Part of the problem with Piagetian tasks, as pointed out by Brainerd and Allen (1971) in the context of experimental studies, is that there is a serious lack of rigorous formulation of issues such as "reversibility" and "decentering." This leads to the criticism that the measure is too "narrow" or that it is unrelated to the stated goals of the program.

The ETS Enumeration Test, which has been used by SRI and by ETS in their evaluations, assesses a different aspect of cognitive skill than the Preschool Inventory or the DDST, and contains subsets of items that require mathematical reasoning in a Piagetian sense. Another feature of the test is that only one subtest (Counting) requires a verbal response--the other three subtests simply call for a pointing response by the child (because Home Start children do not have the social experiences of a center program, it is expected that they will display a greater reticence to talk in the presence of strangers).

The Touching subtest requires the child to point to rows of figures in serial order; the Matching-Same Number subtest requires the child to select the array of figures that contains the same number as a standard, though in a different spatial arrangement; the Matching-Same Order subtest requires the child to indicate which is the same order of a series (e.g., string of beads) when it is in a different configuration.

This instrument is in an experimental stage of development at the same time that it is being used in the two major evaluation studies. Preliminary data obtained from the Huron Institute (1972) on reliabilities indicate variable but fair reliabilities. The test-retest reliabilities when administered by paraprofessionals to Head Start children ranged from .38 for one tester on the Matching-Same subtest to .95 on the Counting subtest for the same tester. The second tester's reliabilities ranged from .58 to .91. Interobserver reliabilities for two paraprofessionals ranged from .32 to .73 for the four subtests. Because of the fact that this test represents a different cognitive area and because of the developmental effort in the Planned Variation and the ETS Longitudinal Study, it was decided to administer the ETS Enumeration Test this fall and to reassess its potential for further Home Start use based on results from the first data analysis.

For assessing noncognitive areas of development, several considerations were important. It has become commonplace to assert that the problems of measuring any aspect of social-emotional, personality, affective, or non-cognitive development are far greater than those associated with measurement in the cognitive domain. Social-emotional development, however, is often the very characteristic that programs for children are most concerned about. The difficulty with measurement in this area is well illustrated by the results of a survey by Wargo, Campeau, and Tallmadge (1971) of programs for disadvantaged children. They identified 10 programs (out of hundreds surveyed) as "successful." All 10 had stated non-cognitive objectives. Even among these successful programs, the task of assessing their objectives was formidable. The eight that attempted to assess aspects of social or affective development used a total of 30 different instruments, only four of which were commercially available. This suggests not only a lack of consensus on what to measure or how to measure it, but a severe lack of well-developed, standardized and pre-tested instruments.

In light of the fact that any "test" which might be selected would have serious shortcomings, a simple rating scale which demonstrated good psychometric characteristics in the Head Start analysis was chosen for fall field trial. The Schaefer Behavior Inventory is a 15-item scale for rating child behavior that can be adapted so that the ratings are made by the child's mother (with the assistance of the tester) instead of by a teacher. The Schaefer Behavior Inventory is backed by extensive theoretical conception and empirical construction (Schaefer, 1971), and is being used by SRI to obtain teacher ratings of children in Head Start classes. With a variety of populations Schaefer has reported consistent factor structures that show three major factors: task-oriented behavior, hostility, and extraversion. Analyses by the Huron Institute (1972) have found the same three factors, based on data from 464 Head Start children in four sites.

The national Home Start goals, as well as most local objectives, express a concern with the child's physical, motor, and perceptual development. One measure that assesses these areas and is widely used for identifying developmental delays is the Denver Developmental Screening Test (DDST). The DDST contains 105 developmental items spanning the age range from 2 weeks to 6 years and provides a mental age score on each of four sectors:

gross motor, fine motor-adaptive, language, and personal-social. The reviews in Buros (1972) suggested a number of problems related to the use of the DDST by nonprofessionals, but a revised version of the scoring procedure has been found to yield not only consistent results (97% agreement in test findings after a one-week interval when administered by health screening aides), but high agreement with the Stanford-Binet and revised Bayley Infant Scale (only 3.2 percent over-referral and 0.4 percent under-referral rates) (Frankenburg, Goldstein, and Camp, 1971). Previous reports had established the test-retest stability (Frankenburg, Camp, Van Natta, and Demersseman, 1971) and the validity (Frankenburg, Camp, and Van Natta, 1971) in terms of correlations of MA scores for each sector with the Standford-Binet at the four- and five-year level.

Schedule of Events

The following events related to the summative evaluation will take place between now and the next report:

- preparation of test materials (August 7 to September 4)
- training the Abt case study staff in testing procedures (September 14 and 15)
- meeting with Home Start program directors (September 18)
- training the community interviewers/testers (September 25-29)
- data collection (October 2 to November 15)
- monitoring (October 2 to November 15)
- data processing (October 9 to November 30)
- data analysis (December 1 to January 15)
- report to OCD (February 28)

Preparation of test materials. Now that the measurement battery is selected, the next month will be used to write manuals for use by the Home Start testers, prepare score forms, gather all the materials necessary for testing and to have the instruments printed. Videotapes of some of the test administrations will be made.

Training case study staff. Two days of intensive review and practice covering each of the specific measures will be devoted to training the five staff members of Abt Associates who will serve, not only as trainers to assist in the training of the community testers, but as monitors during data collection. For these reasons it is essential that each of them be thoroughly familiar with the measurement battery and every detail of the procedures that the testers will have to follow.

Home Start Director's meeting. Evaluation staff will attend the first day of the September Director's meeting in order to inform the program Directors about the purposes of the measurement battery, the relationship of the battery to the case studies and the information system, and the procedures to be followed during the data collection. Any questions about measurement or data collection procedures will be addressed at that time. This will be the first opportunity for the Directors to react to the finalized pilot year evaluation plans and their input is considered important for assisting the evaluation team in anticipating community reactions to the evaluation. The Directors are supposed to bring a roster of families enrolled at their sites, and the method for randomly selecting summative evaluation families will be explained and demonstrated.

Tester training session. Two testers and one alternate from each of the nine sites will attend a week-long training session in Michigan (September 25-29). All will receive test materials and study guides (general testing guidelines, score forms and administration manuals) two weeks prior to the general training session. They will be expected to know the general testing procedures before arriving.

One week is a relatively short time to prepare paraprofessionals to administer the number of instruments included in the measurement battery. Therefore, a long daily schedule is planned, beginning at 8:30 a.m. and running until 8:00 p.m. or later, but breaks and free time will be interspersed through the day.

Each instrument will be introduced in a general session, followed by small group sessions for individual practice. The trainers (case study staff) will supervise the small group practice sessions. After this time, a general session will be held in which all testers will score a videotaped test administration. A discussion of problems will immediately follow, and each trainer will be able to note the progress of the testers in his or her group. The trainers will complete an evaluation form for each tester indicating her accuracy in scoring, knowledge of administration procedures, and so on. An evening review session will be held for those testers identified by their trainers as needing additional practice. Other testers who wish added practice will be encouraged to attend. Following the review session, an 8-Block Sort training session will be held. This instrument requires a good deal of memorization so repeated practice throughout the week is scheduled.

The last day of the training session will provide an opportunity to test children and interview mothers. Each tester will have role-played the tester's, child's and mother's role many times during the week's training, and in the final day she will give a complete battery to a mother and child.

Data collection (testing and interviewing). Immediately following training, the testers will contact their families and begin making the visits required for testing. In most cases three visits will be required to administer the complete battery, though this could be modified at the tester's discretion if the family would prefer two longer visits. The first visit will be made in the company of the Home Visitor for the family, in order to help establish rapport. Very little testing will be attempted on the first visit. It is felt that the Schaefer Behavior Inventory could be completed by the mother since this will also serve to indicate to the mother that her opinions are valued and that she is a vital part of the Home Start program. In addition, the Food Intake Questionnaire can be given. It does not take very long and should be relatively uninfluenced by rapport factors.

The next time the tester visits the family the three cognitive instruments will be administered to the focal child. Since the PSI, DDST and ETS Enumeration measures deal only with the child, the tester can also administer the STIM and the Parent Interview on the same day. The height and weight measures will be given during one of the breaks between tests to give the child a change of pace. The second testing day will thus be the longest one, but the tester's time is divided between the child and the parent. On the third testing day the 8-Block Sort Task and the Self-Esteem Scale will be administered. The total time for this visit will depend, in part, on how long the mother spends training her child on the 8-Block Task. The Nutritional Status (using hair samples) will be taken at this time and the DDST can be administered to a sibling.

Monitoring. Monitoring of the interviewer/testers on site will be accomplished by having the case study person observe them as they actually administer their instruments. The monitoring process will begin during the week-long training session. The case study staff will be working closely with the interviewer/testers during training and at the end of the week will have a good idea of the potential weaknesses of each tester and so can be alert to these during the onsite monitoring.

The fall case study visits will be coordinated with the summative assessment schedules in each site so that the case study person will be present for one week early in the data collection. The case study person will accompany the tester on at least two visits so that all child testing (i.e., the 8-Block, PSI, DDST, Enumeration) can be observed. The case study person will score the tests simultaneously with the tester and the forms will be mailed to the High/Scope Foundation for analyzing tester-monitor discrepancies (this is actually just a check on the process, however, since to be useful the monitor will have to provide immediate feedback to the tester with appropriate corrective action). In addition to this, the case study person will daily review the score sheets with the testers to provide a broader, though less rigorous, check on the tester's performance. The testers will continue this as a self-check procedure throughout the testing period. The tester will also maintain telephone contact with the field coordinator at Abt Associates so that unexpected problems can be discussed and dealt with in a consistent fashion. All score sheets, interview forms and tape recordings will be mailed to the High/Scope Foundation at the end of each week, at which time initial review by the data processing staff will reveal violations of the standard testing procedure and the extent of incomplete or missing information. If on the basis of the above monitoring processes, it is obvious that the tester is not performing adequately, testing will be stopped and she will be replaced by the alternate. If absolutely necessary, all testing could be accomplished by one tester since the sample is small this fall.

Data processing. As the interviewer/testers send the score forms to Ypsilanti each week, the data will proceed through a fixed series of checks and conversions. First, the score forms for each parent and child will be checked off on a master roster, to make sure that all required data has been collected at the site and received intact at Ypsilanti. At the same time, name changes, misspellings, and unidentified forms will be cross checked by telephone with the local persons who collected them. Then the scores calculated by the local interviewer/testers will be verified in Ypsilanti by scoring the tests again. After a complete set of score forms have been received and verified for an entire community, they will be entered by remote terminal onto a magnetic computer tape using a storage and retrieval system developed by High/Scope Foundation staff. The computer which will be used is an IBM 360/67 supported by the University of Michigan. After the data are entered on tapes, the tapes will be printed into lists so that a sample of randomly selected entries can be verified against the raw score forms to discover errors that may have occurred at any stage of data processing. These random checks might indicate the need to reverify all of the scores for certain blocks of data, and such work will be performed as needed. Finally, statistical screening procedures will be used to locate all scores that fall outside of pre-established bounds for each instrument, to catch wild scores before analyses begin.

Analysis of fall 1972 data. Once the tapes containing the data have been verified as correct, statistical analyses can begin. The central uses of the data will be, first, to examine and revise the measurement instruments, and second, to obtain information needed to make decisions about the final data collection strategy adopted for the second and third years of evaluation. The first year data cannot be used to assess Home Start program success because no comparison data will be available for Head Start control families. However, the initial data can give some preliminary indications of the characteristics of Home Start families on the measures administered, so means, variances, skewedness, and kurtosis will be calculated for each instrument across all sites.

Three types of analyses will be performed for the purpose of judging and revising the instruments. First, basic item analyses such as percent passing, item discrimination, part-whole correlations, and alpha coefficients will be calculated. Second, factor analyses will be used to check the _a priori_ factors on the Home Start population and to arrive at item groupings for previously unfactored instruments. Third, relationships between instruments will be determined by calculating intercorrelations among all subscores and total scores. The results of these calculations will serve to indicate needed instrument revisions, or, possibly, to indicate that particular measures are inappropriate for the Home Start population.

In addition to instrument analyses, calculations will be performed to arrive at final decisions about the sample size needed in the final design. Two estimates are needed--one to indicate the sample sizes necessary for sufficiently precise population estimates with each instrument, and the other to indicate the sample sizes necessary to detect a statistical difference of fixed magnitude on each instrument at a given level of probability (statistical "power"). The variances calculated for each instrument will be used to arrive at these estimates, and a wide range of sample sizes are likely to result. From the range of sizes it will be necessary to arrive at a compromise sample size that will be used to determine the proportion of families from each site included in the 1973 summative evaluation.

Results of the above analyses, with recommendations for the second year summative evaluation, will be written up for inclusion in the February evaluation report to OCD.

APPENDIX A

Technical Descriptions of Proposed Instruments

Title: Child Food Intake Questionnaire (Form b), Screening Children for Nutritional Status

Author-Publisher: U.S. Department of Health, Education, and Welfare--Public Health Service, 1971.

Age range: Children of all ages

Test time: 10 minutes

Objective: To indicate the types of food a child eats during a specific time period.

Description: Sections 14 and 15 of this instrument contain a list of 38 foods or food groups with a scale of one to eight. The rater is to circle the number of times per week a child eats a specific food, as reported by the parent.

Special materials: Administration manual, score form, and a pencil.

Comments: This evaluation has collapsed the original numbers 14 and 15 and added three categories: (1) chitterlings (2) bread (3) milk. There is a place next to each food item to check if the child has eaten this food on the previous day. There is also a special box to check if he has eaten it more than once that day.

Title: *Denver Developmental Screening Test* (revised)

Authors: W. K. Frankenburg, J. B. Dodds, A. Fandal

Publisher: University of Colorado Press, 1970

Age range: Two weeks to six years

Test time: 15 to 20 minutes

Objective: To evaluate four aspects of a child's functioning: gross motor, fine motor-adaptive, language, and personal-social development.

Description: 105 items from existing infant and preschool tests were selected to span the age range from 2 weeks to 6 years. Examples of items from the four sectors appropriate for the 3 to 5 year range are *gross motor* (e.g., HOPS ON ONE FOOT), *fine motor adaptive* (e.g., IMITATES VERTICAL LINE WITHIN 30°), *language* (e.g., COMPREHENDS THREE PREPOSITIONS), and *personal-social* (e.g., DRESSES WITHOUT SUPERVISION). Credit can be given for some items, such as DRESSES WITHOUT SUPERVISION, on the basis of the mother's report. Each item is scored as pass or fail.

Special materials: Skein of red wool, box of raisins, rattle, bottle, bell, tennis ball, 8 cubes, score form, administration manual and a pencil.

Comments: This test is the same as the 1968 edition; the revision is in terms of rules for classifying the child as abnormal, questionable, or normal on each sector. Several scores are possible from the DDST. When used as a screening device the child is simply classified as abnormal, questionable or normal on each area of functioning. In addition, an MA may be calculated for each sector. Finally, an overall IQ or DQ can be derived.

For further technical information: Frankenburg and Dodds (1968), Frankenburg, Camp, and Van Natta (1971), Frankenburg, Dodds, and Fandal (1970), Frankenburg, Goldstein, and Camp (1971), Frankenburg, Camp, Van Natta, Demersseman and Voorhees (1971).

Criticial reviews: Buros (1972)

Existing data on poverty populations: Frankenburg, Camp, and Van Natta (1971), Frankenburg, Goldstein, and Camp (1971), and Frankenburg, Camp, Van Natta, Demersseman, and Voorhees (1971).

Title: ETS Enumeration Test

Author-Publisher: Educational Testing Service, Princeton, N.J., 1969, 1971.

Age range: 3 to 5

Test time: 10 minutes

Objective: To measure achievement in the cognitive areas of matching, ordering and counting.

Description: This instrument contains 27 items, including three practice items. There are four subscores: counting (e.g., COUNT THESE CIRCLES OUT LOUD -- six random colored dots spread out on a page); touching (e.g., NOW WATCH ME. I AM GOING TO TOUCH EACH CIRCLE WITH MY FINGER JUST ONCE -- demonstrate -- NOW YOU DO THE SAME THING -- six colored dots in two rows on a page); matching same number (e.g., LOOK AT THIS PICTURE -- point to stimulus picture -- NOW LOOK AT THESE PICTURES -- point to three other pictures -- PUT YOUR FINGER ON THE PICTURE THAT HAS JUST AS MANY BIRDS AS THIS ONE -- point to stimulus picture); matching same order (e.g., HERE'S A TRAIN GOING UP THE HILL -- point to the stimulus picture -- FIND THE SAME TRAIN COMING DOWN THE HILL -- from among the other three pictures).

The first section is both verbal and nonverbal, the remaining sections are nonverbal, requiring only a pointing response.

Scoring is done by recording the child's response, checking whether or not he was correct, or circling the number that corresponds to the picture he chose.

The test is discontinued whenever a child fails to respond to four consecutive items.

Special materials: Score form, picture booklet, administration manual and a pencil.

Comments: Each item on the score form contains the entire question allowing freedom from the manual during administration. The last item is an easy one to help guarantee the child's success presumably to give children a good feeling about themselves and the test.

For further technical information: ETS Enumeration Test Manual © 1969, 1971.

Critical reviews: (none located).

Existing data on poverty populations: Shipman, V.C.J., *et al.*, (1971).

Title: Inventory of Home Stimulation (STIM)

Author-Publisher: Children's Center, Syracuse University,
Syracuse, New York, 1969.

Age range: 3 to 6

Test time: 20 to 30 minutes

Objectives: To obtain information on the child's home environment.

Description: The original instrument contained 145 items and provides nine subscores. These are:

(1) Organization of a stable and predictable environment (e.g., MOTHER ORGANIZES A FAIRLY REGULAR AND PREDICTABLE DAILY SCHEDULE FOR CHILD -- meals, naps, bedtime, etc.),

(2) Developmental stimulation (e.g., PARENT PARTICIPATES IN IMAGINATIVE PLAY WITH CHILD ONCE DAILY -- has "coffee", comments on activities, etc.),

(3) Quality of language environment (e.g., PARENT ENCOURAGES CHILD TO RELATE EXPERIENCES OR TAKES TIME TO LISTEN TO HIM RELATE EXPERIENCES),

(4) Need gratification and avoidance of restriction (e.g., PARENT PERMITS CHILD OCCASIONALLY TO ENGAGE IN MESSY OR EXPRESSIVE TYPES OF PLAY -- water play, dough, mud, etc.),

(5) Fostering maturity and independence (e.g., PARENT EXPLAINS REASONS FOR DISCIPLINE TO CHILD),

(6) Emotional climate (e.g., MOTHER HOLDS CHILD CLOSE 10 TO 15 MINUTES PER DAY -- during TV, story time, visiting),

(7) Breadth of experience (e.g., CHILD TALKS TO SOMEONE ON THE PHONE 2-3 TIMES A WEEK),

(8) Aspects of physical environment (e.g., FAMILY HAS AT LEAST ONE PET, INCLUDING FISH OR BIRDS),

(9) Play materials (e.g., REAL OR TOY MUSICAL INSTRUMENT -- piano, drum, toy xylophone or guitar, etc.).

This instrument is being adapted for use in Home Start. Of the 145 original items, approximately 40 have been selected and are being transformed from statements, as they currently exist, into questions.

Special materials: Score form, administration manual, and a pencil.

Comments: A factor analysis of the fall data will be used to further refine the items.

For further technical information: Caldwell and Richmond (1967)

Critical reviews: (none located)

Existing data on poverty populations: Tannenbaum (1969)

Title: Nutritional Status (using Hair Samples)

Objective: To determine the nutritional level of children.

Description: Analysis of hair for zinc content is a relatively new procedure but one which has undergone extensive experimentation both in the United States and overseas.

In experiments done by Hambidge _et al._ (1972) a positive correlation was found between low body weight and low height to a deficiency of zinc content in hair.

When lack of appetite was discovered in their sample, the group was given zinc supplements in their diet which returned their appetites to normal. This was revealed in the zinc level at a second sampling.

Title: *Preschool Inventory*, Experimental Edition

Author: Bettye Caldwell

Publisher: Educational Testing Service, Princeton, N.J., 1968.

Age range: 3 to 6

Test time: 15 minutes

Objectives: To give a measure of achievement in areas regarded as necessary for success in school.

Description: Test items are vaired and include *general information* (e.g., HOW MANY HANDS DO YOU HAVE?), *labeling* (e.g., WHAT IS THIS? -- point to knee), *identifying serial positions* (e.g., POINT TO THE SECOND ONE -- five checkers in a row), *perception of shapes* (e.g., POINT TO THE ONE THAT IS MOST LIKE A TENT -- a square and a triangle), and basic *visual-motor drawing skills* (e.g., MAKE ONE LIKE THIS -- square -- MAKE YOURS HERE -- point to space below).

This edition consists of 32 items with nine scoring categories: Correct, Correct + extra (extra means information in addition to the answer), Wrong, Wrong + extra, Substitution, Refusal, Don't know, Request aid, and No response. There is a separate column containing a "v" which is circled if the child gives a verbal response. In addition, for the six items that require a verbal response the child's answer is recorded verbatim. This represents a modified form of the Herzig-Birch scoring.

The factor analysis of this test reveals one factor. However, several scores can be obtained, for example, proportion of verbal responses, number of answers on which extra information is given.

Special materials: Score form, administration manual, three small plastic cars (yellow, blue, red), three paper boxes (1 green, 1 black, 1 white) of different sizes, scotch tape (to hold the boxes in shape), 10 checkers (all one color), eight jumbo washable crayons by Crayola, one 5" X 8" card, 1 big pencil, large grocery bag (used to hide materials from child) and one regular pencil.

Comments: Each item on the score form contains the entire question, rather than just a cue word, which allows the tester freedom from a manual. However, specific directions for administration are in a separate manual.

For further technical information: Educational Testing Service, Preschool Inventory Administration Manual, © 1968.

Critical review: Buros, 1972.

Existing data on poverty populations: Huron Institute, 1972; Stanford Research Institute, 1971.

Title: Schaefer Behavior Inventory

Authors: E. Schaefer, M. Aaronson, V. Small

Publisher: Stanford Research Institute, Menlo Park, California, 1971

Age range: Kindergarten to 5

Test time: 10 to 15 minutes

Objective: To assign scores to three basic behavior traits: (1) task orientation, (2) extraversion, and (3) hostility, as rated by the child's mother.

Description: This instrument contains 15 behavior descriptions that can be grouped into three factors with a score for each factor. They are: extraversion (e.g., LIKES TO TAKE PART IN ACTIVITIES WITH OTHERS), hostility (e.g., SLOW TO FORGIVE WHEN OFFENDED), and task orientation (e.g., STAYS WITH A JOB UNTIL HE FINISHES IT).

The mother is asked to respond to each statement by marking one of seven categories: never, almost never, occasionally, half the time, frequently, almost always, always.

Special materials: Mother's response form, administration manual and a pencil.

Comments: Originally this instrument was used by teachers to rate children on behaviors exhibited in the classroom. In this study the home takes the place of the classroom and the Home Visitor assumes the role of teacher. Therefore the mother will rate her own child. The mother is asked to respond to each statement (read to her by the tester) by checking the appropriate category. Schaefer's five point scale was revised to a seven point scale by the Stanford Research Institute (SRI) for Head Start Planned Variation use. This seven point scale will be used.

The original instrument contained 30 items and was revised by SRI with the approval of the author to 15 items. One of the 15 items dealing with classwork (number 10) has been replaced by one of the original traits not used in the SRI version. Item 13 has been reworded to refer to Home Visitor instead of teacher.

For further technical information: Huron Institute (1972).

Critical reviews: (none located).

Existing data on poverty populations: Huron Institute (1972).

Title: Self-Esteem Scale

Author: Morris Rosenberg

Publisher: Princeton University Press, 1965

Age range: Adult

Test time: 3 minutes

Objective: To measure attitudes toward self.

Description: This is a ten item scale with positively and negatively worded statements presented alternately in order to reduce the possibility of response set. The ten items are:

(1) ON THE WHOLE, I AM SATISFIED WITH MYSELF.
(2) AT TIMES I THINK I AM NO GOOD AT ALL.
(3) I FEEL THAT I HAVE A NUMBER OF GOOD QUALITIES.
(4) I AM ABLE TO DO THINGS AS WELL AS MOST OTHER PEOPLE.
(5) I FEEL I DO NOT HAVE MUCH TO BE PROUD OF.
(6) I CERTAINLY FEEL USELESS AT TIMES.
(7) I FEEL THAT I AM A PERSON OF WORTH, AT LEAST ON AN EQUAL PLANE WITH OTHERS.
(8) I WISH I COULD HAVE MORE RESPECT FOR MYSELF.
(9) ALL IN ALL, I AM INCLINED TO FEEL THAT I AM A FAILURE.
(10) I TAKE A POSITIVE ATTITUDE TOWARD MYSELF.

There are four possible responses: strongly agree, agree, disagree, and strongly disagree. One score is derived from this instrument.

Special materials: Score form, administration manual, and pencil.

Comments: The ten statements will be read aloud to the mother by the tester. The mother responds by marking one of the four categories on a score form.

For further technical information: Rosenberg, M. (1965).

Critical reviews: (None located).

Existing data on poverty populations: (None located).

Title: 8-Block Sort Task

Author: V. Shipman and R. Hess

Publisher: Educational Testing Service, 1968.

Age range: 3 to 5

Test time: 20 to 30 minutes

Objective: To give an indication of maternal teaching style.

Description: The task involves sorting eight blocks into four groups defined by two criteria. The blocks differ in four ways--height (tall or short), marks (X's or O's), color (red, green, yellow and blue) and shape (rectangular, or circular cross-section). Only two of these attributes are relevant to the sorting task: height and mark. The four groups defined by height and mark would be composed of (1) tall blocks marded X, (2) short blocks marked X, (3) tall blocks marked O, (4) short blocks marked O.

The mother is systematically trained to group the blocks of the same height and the same mark and to explain the reasons for the groupings. She is then asked to train her child in whatever manner she wishes. The child's training session ends whenever the mother indicates she is through with the training or at the end of 20 minutes.

The child's comprehension is tested by giving the child two previously unseen blocks (short O, tall X) and having her place them on the board with the other eight blocks. Each time the child is asked to give reasons for adding them to the group chosen.

Special materials: Board divided into 4 quarters, 8 "original" blocks, 4 "extra" blocks, 2 "other" blocks and a small bag to conceal these blocks, manual, socre form, tape recorder, blank tape, watch and pencil.

Comments: Vicki Shipman (ETS) uses tape recordings of the 8 block sort to code from, thus losing all of the nonverbal interaction. The Head Start Planned Variation Evaluation (SRI) devised an observation system using direct coding by a trained observer to record both verbal and nonverbal. An additional person to train the mother was also used by both ETS and SRI.

For the Home Start evaluation a modification of these methods will be used. The tester will code important nonverbal interactions. The entire session will be tape recorded so that all verbal interaction can be coded at a later time. Coding reliability can also be assessed by this method.

Samples of the categories to be coded are as follows:

Nonverbal

Mother - moves blocks
punishes child
Child - places blocks (during training and on final "test")

Verbal

Mother - requests talking about height, mark, or both
requests placement of blocks
respond
teach
comments
praise
bribe
behavior modification (reason, question, firm, threaten-demean)
Child - specifically talking about height, mark, or both
respond
comments
"I don't know."

For further technical information: Stanford Research Institute 8 block administration manual and scoring procedures manual, 1972.

Critical reviews: (None located)

Existing data on poverty populations: Hess and Shipman (1965); Hess, Shipman, Brophy and Bear (1968).

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APPEDDIX B

General Measurement Issues

A. Measurement Issues

This section of the report presents the proposed Home Start test battery and criteria used in selecting the tests. In past national evaluations in early education, such as Head Start and Follow Through, the selection of tests has occasioned many heated debates among different interest groups concerned with the programs. Many of the same issues may arise again in connection with the instruments proposed here because the availability of sound information is still so severely limited that the selection process quickly moves off the scientific level and into an area of subjective judgment. In order to highlight a few of the larger issues to be found in selecting tests, it might be helpful to summarize some aspects of the state-of-the-art in applied psychological measurement.

The process of selecting tests for a large national project such as Home Start ultimately takes the form of a string of difficult compromises. These compromises are forced upon evaluators because of the conflicting test characteristics needed to satisfactorily meet the demands of large scale applied research -- for example, it is important that a test thoroughly assess a given trait, yet it must be short and simple to administer. These two test characteristics are not ordinarily compatible. Thorough tests often place excessively burdensome time demands upon the project families and staff, while simple tests often yield only primitive estimates of the desired child or parent traits. Thus it is likely that any test finally selected will neither be the most thorough nor the simplest, but at best a marginally satisfactory compromise. Moreover, these are but two of a host of test characteristics that must simultaneously be juggled in arriving at the final compromises.

Rational compromise is not a difficult task to contend with when based on adequate knowledge of the tradeoffs involved. In the field of psycholcgical measurement, however, the required information is often inaccessable, or more commonly, nonexistant. Lack of access to information can be partly attributed to the difficulties in keeping up to date with the vast stream of tests currently being developed throughout the nation. There are literally thousands of tests intended for use with young children. The best single source of information about such tests is the Mental Measurements Yearbook series, edited by Buros. Yet this source suffers from the drawback that it only includes published tests excluding hundreds of experimental tests developed as part of dissertations or special projects. Another important information source about early childhood tests, but one which also excludes experimental tests, is the CSE-ECRC Preschool/Kindergarten Test Evaluations monograph by Hoepfner, Stern and Nummedal (1971). Together these two works provide broad critical coverage of relevant published tests, but still leave a vast array of unpublished but potentially valuable tests to be located in a piecemeal fashion. Fortunately, because of continuing projects such as the ETS Head Start Test Collection, the task of locating current tests is not totally unmanagable by researchers involved in applied evaluation projects. In attempting to access information for the selection of tests a wide variety of sources was consulted, including people currently involved in early education evaluation projects, persons who are content area specialists, standard reference works, and individual studies from many sources. This broad coverage highlighted yet another concern, largely recognized by all the people contacted.

This far more serious impediment to the sound selection of tests is the glaring lack of information about tests on such important characteristics as validity, reliability, generalizability, norm group characteristics, and empirical test construction methods. With the possible exception of generalizability , all of these characteristics are conventional aspects of test development for which methods have long been known and applied.

Nevertheless, the substantial gap between theory and practice which prompted Buros to assemble the first Mental Measurements Yearbook over thirty years ago still prevails. Psychologists know how to develop tests in a rigorously scientific mannner, but in practice seldom devote adequate time or resources to the task. Both sources cited above present grimly pessimistic assessments of the quality of available tests:

> Test publishers continue to market tests which do **not begin** to meet the standards of the rank and file of MMY and journal reviewers. At least half of the tests currently on the market should never have been published. Exaggerated, false, or unsubstantiated claims are the rule rather than the exception. (Buros, 1972, p. xxvii)
>
> It might be important to note that few test publishers have done their normative sampling very well, and that the technical manuals abound with obfuscatory and quasi-scientific, if not downright misleading sampling techniques (Hoepfner, Stern and Nummedal, 1971, p. xix).

Unfortunately, some tests with the longest and most complete development history (such as the Stanford-Binet) are not feasible for use in this study because of the advanced training necessary for testers, or because of the long administration time, or other related reasons. Because of their central importance to rational test selection, each of the technical characteristics mentioned above will be briefly discussed in turn.

Validity is the most critically important characteristic of a test, since it indicates the degree to which a test measures what it is claimed to measure. There are three kinds of validity discussed in the APA Standards for Educational and Psychological Tests and Manuals (1966) but for the purposes of Home Start high criterion-related validity would be the most desirable of the three. To obtain data on this kind of validity, it is necessary to determine the relationship of test scores with either future criteria (such as financial independence in adulthood) or concurrent criteria (such as improved ability to communicate needs to adults). Regretably, predictive validity is the most difficult to obtain. Consequently few of the tests that seem relevant to long range Home Start goals have data on predictive validity for those goals. More typically, in the few cases where validity is reported at all, it is presented in the form of correlations between the test scores and, say, teachers ratings when children enter kindergarten, or as correlations with other tests given concurrently. Seldom is any rigorously analytical technique, such as the multitrait-multimethod matrix (Campbell & Fiske, 1959), used to determine the validity of a test for measuring the traits it is claimed to measure. In the absence of adequate data on validity, it becomes necessary to inspect the content of each test to intuitively judge whether it seems to measure what it is claimed to measure ("face validity"). In the cognitive areas of child functioning this appears to serve reasonably satisfactorily, but in such non-cognitive areas of functioning as self-esteem the examination of test content often produces little more than wild hunches about the traits actually measured. One strategy this suggests for the selection of Home Start tests is to choose test content that is as simple and directly interpretable as possible, so as to minimize the levels of inference that must be made when analyzing data collected using the test (such a strategy is argued by Goldfried and Kent, 1972, in the context of personality assessment).

Reliability is another important test characteristic to consider in selecting tests. No matter how valid a test might be, if it yields erratic estimates of a trait it has little practical value. In general it can be said that there is more available information on reliability than on validity, but it is not uncommon for reliability estimates to be based on a tiny subsample of children rendering them very imprecise. Just as in the case of validity, there are several common methods for estimating reliability. The best known kinds include test-retest (stability), split-halves (internal consistency), parallel-forms, and intercorrelations of parts. However, Cronbach, Gleser, Nanda, & Rajaratnam (1972) have convincingly demonstrated that there are as many reliabilities as there are uses for a test. In their significant new book they point out that a test may be adequately reliable for one application but less so for another, and each test should have reliabilities determined for each major use. Cronbach, et al., further expand this line of thought into an extensive "theory of generalizability" arriving at a coefficient of generalizability which is a counterpart to the traditional reliability coefficient. At the present time the coefficient of generalizability is new and generally not available for tests, but it is very important and can be expected to have a major impact on testing practices within the next few years. This is another indication of the widening gulf that exists between current theory and practice in contemporary applied psychological measurement.

Poor norms also plague available tests, but in experimental designs like that for Home Start having internal comparison and control groups , this problem is not as critical as questionable validity and reliability. The typical method for norming a new test involves finding a local group of subjects willing to participate in an experimental study and presenting the resultant scores as the norms. Needless to say, this results in a small and nonrepresentative sample with largely unknown characteristics, drastically limiting the use of the norms in any other geographic site or with any other ethnic group.

Another aspect of a test which affects decisions about its usefulness is the manner in which items were selected for inclusion in the test. If items were carefully selected from a large pool of representative items following accepted empirical techniques of item analysis, then factor analysed to properly cluster items within subtests, one can expect better performance under varied conditions than a test consisting of a group of items selected intuitively and thrown together haphazardly. Unfortunately, just as in the case of other technical test characteristics, authors typically seem to take shortcuts in the established methods of test construction producing generally poor quality tests. Typical shortcuts would include starting from an excessively small item pool, failing to examine item discrimination or item-total score correlations, neglecting to locate and cull poor items from tests, eliminating factor analysis as a step in determining sub-scales, using too few subjects for stable results, or failing to replicate the original results on a new sample. When a test is known to have a thorough development following the best professional practices it is obviously to be preferred to another that hasn't, all other things equal, but it is often impossible to obtain basic information on development procedures for a particular test.

The preceeding paragraphs suggest three facts about the state-of-the-art in test development as currently practiced. First, poorly developed tests far outnumber well developed tests, restricting choices among tests that otherwise seem to be based on splendid ideas. Second, practice lags far behind conventional test development knowledge, so that even though one might have a clear criteria for choosing a test the necessary data are frequently not available to support the decision. Third, the stream of new theoretical developments coupled with the traditional lack of rigor in test development is producing an ever widening gap between perceptions of what a test ought to be and what it in fact turns out to be.

All of the comments so far relate to "paper and pencil" tests emerging out of the traditional "trait theory" orientation. This orientation tends to assume an underlying steady-state characteristic of people although this assumption is increasingly being challenged by certain groups of researchers. Currently in early education there are many exciting developments that stem from other orientations, particularly in the realm of observations in natural or artificially structured settings. This kind of measurement has the potential of identifying dynamic characteristics of people over extended time intervals, using techniques of sequential data analysis (for example, Kalter, 1971, Hertel, 1972). The possibilities for new and richer data make such methods seem particularly inviting compared to static paper and pencil tests. However, for each of the technical characteristics discussed above for traditional tests there is a counterpart for the observation measures which is usually more complicated and less well understood. Moreover, there are no observation measures of children that are at anywhere near the advanced stage of development of some of the better traditional tests. In short, while some of the currently popular observation methods seem to provide great hope for future applications, they do not appear feasible for large scale application in an evaluation such as Home Start without further research and refinement.

Another whole area of assessment which could be considered borderline between paper and pencil and observation tests involves structured tasks for one, two, or more persons. Such tasks would be based on dimensions of real life that would occur in the normal course of social interaction in, say, adult work situations. Typical tasks might involve a cooperative integration of effort on the part of two children, or a child and adult, for simultaneously achieving a goal. An extension of this might include a group of children who must act as members of a team -- each taking a special role -- in order to achieve an objective. Another area worth assessing is the child's decentering, which is the ability to take another's point of view. Yet another area is the child's ability to utilize his existing knowledge in the face of practical problems presented in a structured setting. These are mentioned simply to indicate the large number of other areas that might be considered of interest for inclusion in the Home Start evaluation if adequately articulated and researched measures could be located.